



Veneta Veterinary Hospital

Client and Patient Information Form

Client Information

Name _____ Co-owner _____

Mailing Address _____ City _____ State ____ Zip _____

Street Address _____ City _____ State ____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Place of Employment _____

Email Address _____

Driver's License Number _____ Social Security _____

Patient Information

Pet Name _____ Male / Female _____ Neutered or Spayed? Yes / No

Species Dog Cat Rabbit Other: _____

Date of birth ____ / ____ / ____ Age _____ Breed _____ Color _____

Current medications _____ Diet _____ Microchip _____

Date of last vaccines and location _____

Known allergies or reactions _____

Previous medical history or surgeries _____

Previous Veterinarian _____

Authorization

I hereby give Veneta Veterinary Hospital permission to take photographs of my pet(s) for the purpose of posting on Veneta Veterinary Hospital's social media sites and hospital website. I hereby release and discharge Veneta Veterinary Hospital from any and all claims arising out of use of these photos. Yes No

Please initial if you selected yes _____

All sales are final. All fees are due at time services are rendered. We do not accept checks for payment. Past due accounts are subject to a finance charge of 1 ½ % per month 18% annual percentage rate. There is a \$2.00 statement handling charge for each statement. If this account is referred to an attorney or collections service, I agree to pay the additional collections fees.

Signed _____ Dated _____