

New Client/Patient Form

Owner Information

The first name listed on the account will be the first contact when we call for anything regarding your patient

Owner Name: _____ Preferred Pronoun(s): _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____ - _____ - _____ Alternate Phone: _____ - _____ - _____

Email Address: _____

Co-Owner: _____ Relationship: _____

Preferred Pronoun(s): _____

Co-Owner Phone: _____ - _____ - _____ Co-Owner Email: _____

Do you have an insurance policy- if so with whom? _____

How did you hear about us? _____ If personally referred, who may we thank? _____

Pet Information

Pet's Name: _____ Circle one: **Dog** or **Cat**

Date of Birth (Age): ___/___/___ (_____) Breed: _____ Color: _____ Sex
(circle one): **M** **F** Neutered/Spayed? _____

If a cat, please select: Indoor Only | Indoor/Outdoor | Outdoor Only

Where have they been seen previously? List all regular vet(s), emergency(s) and urgent care(s):

Microchip #: _____

Current Diet: _____

Allergies? _____

Any Behavioral History? i.e leash aggression, anxiety at the vet, dog or cat reactivity? _____

Medical Conditions Current or Historically: _____

Current Medication(s)/Preventatives: _____

Exposure/Travel History: _____

All fees are due at the time services are provided. We accept MasterCard, Visa, Discover, Checks, and Cash as payment. It is our policy to provide you with a written estimate of fees for any case where hospitalization, emergency care, dentistry, or surgery will be provided. **A deposit may be required prior to treatment.**

PUBLICITY RELEASE: I authorize Roseway Veterinary Hospital to use my pet's photo and first name in marketing materials, which may include but are not limited to, social media accounts like Facebook and Instagram, rosewayvet.com , in-hospital signage and other forms of advertising. Your initials: _____

X _____
Owner Signature

____/____/____
Date