

1 CLIENT # _____

CHART # _____

ARC # _____

2 NAME: _____ SPOUSE/OTHER: _____
LAST NAME FIRST M. LAST NAME FIRST M.

CLIENT BIRTHDATE: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

SPOUSE/OTHER WORK PHONE: _____ SPOUSE/OTHER CELL PHONE: _____

PLACE OF EMPLOYMENT: _____ SPOUSE/OTHER PLACE OF EMPLOYMENT: _____

DRIVERS LICENSE #: _____ SOCIAL SEC. #: _____

HOW DID YOU BECOME AWARE OF OUR CLINIC: (WHOM MAY WE THANK?)

PATIENT INFORMATION	PET # 1	PET # 2	PET # 3	PET # 4	PET # 5	PET # 6	PET # 7
PET'S NAME							
TYPE OF PET (DOG/CAT/BIRD/ETC.)							
BREED OF PET							
COLOR OF PET							
BIRTHDATE OF PET							
SEX OF PET							
SPAYED/NEUTERED							
ALLERGIES TO MEDS/ VACCINATIONS/OTHER							
ON SPECIAL DIET OR MEDS							

34 FOR OFFICE USE ONLY

PET LETTER							
MICROCHIP NUMBER							
D.O.D.							
CARD/FLOWER SENT							

5 Charges for Services

Payment is required at the time of service. For your convenience, we do accept cash, check, Visa, Mastercard, Discover, American Express, and Care Credit.

SIGNATURE: _____ DATE: _____

6 Informed Consent Preauthorization Form

The state of Wisconsin Department of Regulation and Licensing and the Veterinary Examining Board have established new guidelines on veterinary practice, defined as Informed Consent. These guidelines require an owner to give informed consent prior to performing any medical or surgical procedure. If you want to allow anyone else to be able to present your pet for veterinary care, you must list them as an authorized care giver. This includes any co-owners, family members, friends or roommates you want to allow to make decisions about your pet. Children under the age of 18 cannot legally give consent or authorize treatment, however the owner can include them on this form to give them prior consent, allowing them to make minor decisions, like vaccinations, blood work, radiographs, and medications. Without proper authorization, anyone else bringing in the pet cannot request services, and the owner must be contacted before we can proceed.

Please allow the following people to make Informed Consent decisions on my behalf:

7

Name	Relationship	Monetary Limit	Pet
	Family member Other _____	\$200 \$500 Unlimited	All My Pets _____
	Family member Other _____	\$200 \$500 Unlimited	All My Pets _____
	Family member Other _____	\$200 \$500 Unlimited	All My Pets _____
	Family member Other _____	\$200 \$500 Unlimited	All My Pets _____
	Family member Other _____	\$200 \$500 Unlimited	All My Pets _____
	Family member Other _____	\$200 \$500 Unlimited	All My Pets _____
	Family member Other _____	\$200 \$500 Unlimited	All My Pets _____

8

Signature: _____ Date: _____

Print Name: _____

Office Use Only Client # _____ Chart # _____