



**Welcome to the family! Thank you for giving us the opportunity to care for your pet(s). To help ensure the best care possible, please take a moment to fill in this form**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Pronouns (optional): \_\_\_\_\_ Title (optional): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Would you like the secondary contact person to receive appointment and general reminders?

Yes

No

How did you learn about our clinic? Please check all that apply.

Friend/Family, please tell us who we can thank! \_\_\_\_\_

Member

Google

Facebook

Instagram

Other: \_\_\_\_\_

Are you or any members of your household allergic to peanut butter?  Yes  No

Are you or any members of your household in the military?  Yes  No

Are you or any members of your household over 62 years old?  Yes  No



## Patient Information

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Pet Date of Birth (Approximate age if unknown): \_\_\_\_\_

Species:

Cat

Dog

Sex:

Male

Female

Spayed/Neutered:

Yes

No

Unknown

Current Medications/Conditions (please include heartworm and flea prevention):

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Name of Previous Vet Clinic: \_\_\_\_\_

## Payment Policy/Treatment Authorization

Authorization to perform services: I, the undersigned owner or authorized agent of the above patient(s), hereby authorize the doctors and staff of ICWVH to examine, prescribe for, and/or administer such treatment as is necessary and to perform procedures therapeutically and/or diagnostically. I further understand that no guarantee of successful treatment is made. All payments are due at the time that services are rendered. I understand a deposit may be required for treatment. A treatment plan with estimated costs will be provided.

I consent to any and all communications, including phone calls, text messages, emails, or in person conversations to be recorded for training purposes and understand they may be documented in my pet's medical record.

We accept Cash, Visa, Mastercard, Discover, American Express, Care Credit, Apple Pay, and Scratch Pay.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_