

Welcome to Fremont Veterinary Clinic

Your Name : _____ Profession: _____

* Contact Info (circle primary): Cell _____, Work _____, Home _____

Spouse/Additional Owner Name: _____, Profession: _____

* Contact Info (circle primary): Cell _____, Work _____, Home _____

Address: _____ Zip _____ ODL _____

Primary E-mail Address
(for reminders, newsletters, & hospital communication): _____

Whom may we thank for referring you/how did you hear about us? Please circle one.

Friend	Location / Sign	Another Veterinary Clinic
Pet Shelter	Google Search	Yelp
Facebook	Gay & Lesbian Yellow Pages	Dex Online or Dex Printed Yellow Pages
Angie's List		Other -

Name of friend, veterinary clinic, or pet shelter who referred you: _____

Patient Information

Pet Name:	Pet Name:
Age / Birthdate:	Age / Birthdate:
Sex: Male Male Neutered Female Female Spayed	Sex: Male Male Neutered Female Female Spayed
Breed: Color:	Breed: Color:

What animal clinic can we call to obtain your pet's medical records: _____

All professional and medical services must be paid in full at the time they are rendered. We accept Visa, MasterCard, Discover, debit cards, cash and checks. Please visit our website (www.fremontvet.com) for details on all of our hospital policies. You will be held liable and financial responsibility for any services that are performed for each pet. A 1.5% monthly interest fee (18% annual) and billing charge will be charged on all unpaid balances.

I am the owner/agent of these pets and I understand and abide by the above statements.

Signature: _____ **Date:** _____

We often use patient pictures for our website or Facebook. We may also use medical cases for veterinary journals or publications. Your initials give Fremont Veterinary Clinic authorization to release portions of your pet's medical history and record, including personal recollections, radiographs, photographs, videotape images or other images for use in the print media, on a brochure, the Fremont Veterinary Clinic website, social media outlets, and veterinary publications. You also agree not to file any claim for revenue or lawsuit for damages against this veterinary practice with respect to the release of this information.

Approve: _____ (initial here)

Decline: _____ (initial here)

For hospital use:

Client ID: _____ / Patient ID(s): _____ Address correct / Phone numbers entered
E-mail entered / Previous Records Referral in CS / Chart made Change client classification to email Profession