

## Welcome to Fremont Veterinary Clinic

Primary Name : \_\_\_\_\_ Profession: \_\_\_\_\_

Contact Info: Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Secondary Name: \_\_\_\_\_ Profession: \_\_\_\_\_

Contact Info: Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Primary E-mail Address (*for reminders, newsletters, & communication*): \_\_\_\_\_

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

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

### 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, Amex, debit cards, cash, checks and Care Credit. You will be held liable and financially responsible for any services that are performed for each pet. In the event we agree to make special payment arrangements before a treatment is performed, we charge an \$8/m finance and handling fee.

As the owner/agent of these pets, I understand and will abide by the above statements.

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

We sometimes use patient pictures, x-rays and video for our handouts, website, or social media for educational purposes. There is no compensation offered for these actions. Do we have your permission to share this type of information about your pets?

**Approve:** \_\_\_\_\_ (initial here)      **Decline:** \_\_\_\_\_ (initial here)

**If your pet is lost, do you give us permission to give your contact info to a Good Samaritan that may have your pet if we cannot reach you?**

**Approve:** \_\_\_\_\_ (initial here)      **Decline:** \_\_\_\_\_ (initial here)

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**For hospital use:**

Client ID: \_\_\_\_\_ Patient Name ID: \_\_\_\_\_ Patient Name ID: \_\_\_\_\_