

Alta View Veterinary Clinic

Patient Intake Form

(# = required fields to be filled)

*Owner Information

#First Name:	#Last Name:	M.I.:
#Mailing Address:		
#City:	#State:	#Zip:
#Home Phone:	Work Phone:	#Cell Phone:
Senior Citizen 62yrs+ Discount: yes <input type="checkbox"/> Driver's License number (for checks):		
#Email (for reminders, receipts, & access to your pets' online portal):		
Additional Owner:		
Mailing Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:

*Where did you hear about us? Google Friend/Neighbor [_____] Live Nearby Other _____

*Agent Information

Other than you and any additional owner(s) listed above, are there any other persons to whom you give <u>primary responsibility</u> for the care of the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you have checked "Yes" above, please list the name, telephone number, and address for such other persons in the order you wish for us to contact them in the event that you or the co-owner(s) is not available (all authorized agents must be at least 18 years old):
1.
2.
3.

*#Patient Information (Please Fill in the Following)

#Pet's Name:	#Species: <input type="checkbox"/> Canine (Dog) <input type="checkbox"/> Feline (Cat) <input type="checkbox"/> Other
#Breed:	# M <input type="checkbox"/> #Neutered <input type="checkbox"/> # F <input type="checkbox"/> #Spayed <input type="checkbox"/> #Color: #Birthdate OR Age:

*#Informed Consent

I understand that my veterinarian will need to communicate with me, or someone designated by me, prior to treatment of my pet(s) in order to obtain informed consent. For purposes of obtaining informed consent, I direct my veterinarian as follows: (Choose one)

Informed consent may only be provided by me: Yes _____ No _____

Informed consent may be provided by me or the co-owner(s) above: Yes _____ No _____

Informed consent may also be provided by the agents above, in the order listed: Yes _____ No _____

*#Photographs/Videos Consent

I hereby authorize the Doctors/Staff of Alta View Veterinary Clinic to take/use photos and/or videos of my pet for social media (such as Facebook posts), & educational purposes. Alta View Veterinary Clinic will only use the first name of my pet. I do not expect compensation, financial or otherwise, for the use of these photographs/videos.

(Please choose one) I agree I decline

*I further acknowledge that no guarantee has been made as to results that may be obtained. I understand that complications may arise which cannot be predicted and that I will be held financially responsible for any veterinary medical care necessitated by complications.

Signature: _____ Printed Name: _____ Date: _____

Reception Signature: _____ Printed Name: _____ Date: _____