

# KAY ANIMAL HOSPITAL

## NEW CLIENT FORM

### REGISTRATION:

Owner's Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Email: \_\_\_\_\_

Primary Cell Phone# \_\_\_\_\_ Secondary Phone# \_\_\_\_\_

### PET INFORMATION:

Have you brought an animal to Kay Animal Hospital before? YES NO

Pet's Name \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Species \_\_\_\_\_

What activities do you do with this patient? Family Pet, Service Animal, Hunting, Agility, \_\_\_\_\_

Approximately how much time does your pet spend outside? Less than 10%, 10-50%, 50-100% (circle one)

Does your pet have any previously diagnosed conditions that we should know about? (Demodectic Mange, Diabetes, Surgeries, Kidney disease, Injuries, heartworms, etc.) \_\_\_\_\_

Is your pet on any routine medication(s)? \_\_\_\_\_

Approximate date of current vaccinations \_\_\_\_\_ Where were they given? \_\_\_\_\_

May we obtain your pet's medical records from your previous veterinarian? YES NO

Which heartworm preventative is your pet on? (Iverhart Max, ProHeart 6, Simparica, etc.) \_\_\_\_\_

Where does your pet sleep at night? \_\_\_\_\_

**WE WOULD LIKE TO BE ABLE TO SHARE YOUR PET'S PICTURE ON FACEBOOK AND OTHER FORMS OF SOCIAL MEDIA FOR THE ENJOYMENT OF ALL OF OUR CLIENTS. DO YOU GIVE KAH PERMISSION TO SHARE THIS TYPE OF INFORMATION IN THIS MANNER? ... YES OR NO**

**Our staff is trained to hold your pet during examination and treatment. Please understand we cannot be held responsible for any injury incurred to you or your pet if you attempt to assist in the restraint of your pet. \_\_\_\_\_ (Initial, indicating approval)**

**MEDICAL AND SURGICAL RELEASE:** I hereby authorize any veterinarian employed by Kay Animal Hospital to perform diagnostic, therapeutic, and surgical procedures as that are necessary and advisable for treatment and maintenance of my pet's health and well-being. The nature of such services will be previously agreed upon and describe to me. While I expect all procedures to be done to the best of the abilities of the professional staff, I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure. I understand that I assume financial responsibility for all services rendered. I have read and understand the above statements and agree to all terms therein.

**All payments are due at the time of services rendered.**

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