



# New Client & Patient Form

## Client Information

Name: _____	Phone: _____
Address: _____ _____	Email 1: _____
	Email 2: _____

**Please be advised that we do not have a veterinarian on site 24 hours**

**Please initial that you have read the information below**

- Some prescription-only drugs or controlled substances may be available at a Pharmacy
- Any personal items left with your pet while they are in our care are left at your own risk
- I give permission to release my pet's records to requesting veterinarians      Yes      No

**(If permission is not granted, records will not be released until approval is verified by you)**

## Patient Information

Name: _____	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Altered: <input type="checkbox"/>
Breed: _____	Birth: _____ Weight: _____
	Age: _____ Microchip: _____

Staff Instructions: For additional patients, write information below, or reprint this document for each patient.

Patient Name: _____	Species: _____	Breed: _____	Color: _____
Sex: _____	Birthdate: _____	Age: _____	Weight: _____

## How Did You Hear About Us?

**Referred By:** Internet / Website  Google/Yahoo  Yelp.com  Veterinarians.com  VCA Website

New Mover / Offer (Email)  Social Media (Facebook etc.)  VIP Program  Hospital Sign  Event

Friend / Family / Colleague (Client): \_\_\_\_\_  Veterinarian \_\_\_\_\_

Humane Society / Rescue: \_\_\_\_\_  Breeder / Pet Store: \_\_\_\_\_  Other: \_\_\_\_\_

**Please sign the following authorization for treatment:** I hereby authorize the staff of VCA to render any treatment that is deemed necessary to my pet(s) health while in custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding with treatment. I understand that I will be financially responsible for all emergency procedures including the Estimate of Charges provided to me in person or over the telephone. I understand that professional fees are to be paid at the time services are rendered and a deposit is required on all pets admitted to the hospital.

Signature of Owner, Agent, or Good Samaritan \_\_\_\_\_ Date \_\_\_\_\_ Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_

Please Circle Your Method of Payment: Cash - Check - Visa - MasterCard - Discover - American Express - CareCredit

## VCA Preston Park Animal Hospital

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AT VCA ANIMAL HOSPITALS, WE CARE