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 **New Client / Patient Form**

**Welcome to Chisholm Trail Pet Clinic, Inc.!**

**Client Information**

Owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient Information**

Patient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_

*Please select:* \_\_\_\_ Male \_\_\_\_Male Neutered \_\_\_\_Female \_\_\_\_Female Spayed

Please list any ongoing health problems

Please list any medications /supplements that your pet is currently taking

\_\_\_\_ Attached copy of your pet’s previous vaccination and medical records.

If you are unable to provide a copy of your pet’s previous vaccination and medical records, please list the name and telephone number of the veterinary clinic where your pet received these services.

Veterinary clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_

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IF YOU HAVE ANY QUESTION AS TO THE COST OF ANY SERVICE, ASK A STAFF MEMBER FOR AN ESTIMATE PRIOR TO ANY SERVICES BEING RENDERED.

## ALL PROFESSIONAL FEES ARE DUE AT TIME OF SERVICE

I hereby authorize the doctor(s) and agents of Chisholm Trail Pet Clinic to administer such diagnostics, therapeutic, surgical and anesthetic procedures as they may deem necessary for my pet. The doctor(s) and agents of Chisholm Trail Pet Clinic are to use reasonable precautions against injury, escape, or destruction. The doctor(s) and agents will not be held liable or responsible in any manner or under any circumstances for the care, treatment, or safekeeping of the pet hereon described, as I assume all risk. I also understand that no guarantee or assurance has been made as to the results of examination, diagnostics, or treatment of my pet. I assume all financial responsibility for all charges incurred on behalf of this pet, consent to release medical information and authorize direct payment to Chisholm Trail Pet Clinic. I understand this release is valid from this date forward.

**To prevent the spread of infectious disease and parasites, hospitalized and boarded animals must be current on all vaccines and free of internal and external parasites**. I authorize the doctor(s) to provide vaccines and parasite control as needed for my pet.

Signature of Owner Date