

# GREENBELT VETERINARY HOSPITAL and Pet Resort

## New Client Information

Welcome to Greenbelt! Thank you for giving us the opportunity to care for your pet(s). Please help us meet your needs better by taking a minute to share important information we will need as we support your pet's needs today and in the future. PLEASE PRINT IN ALL SPACES.

OWNER \_\_\_\_\_ SPOUSE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

SPOUSE WORK PHONE \_\_\_\_\_ SPOUSE CELL PHONE \_\_\_\_\_

In addition to phone calls and postal mail, we also like to communicate with clients via email. Please provide your email address so we can send you important health information regarding your pet. Be confident that we keep ALL account information private.

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

**HOW DID YOU FIRST LEARN ABOUT OUR PRACTICE? Please mark the appropriate box below. This information is very useful to us.**

Phonebook:  AT&T  Names&Numbers  PermianBasinAreaWide;  Location  Newspaper  Website

Friend/Family or Veterinary Referral: Name: \_\_\_\_\_

Other: \_\_\_\_\_

TX D/L# \_\_\_\_\_ YOUR OCCUPATION \_\_\_\_\_

YOUR EMPLOYER \_\_\_\_\_

SPOUSE OCCUPATION \_\_\_\_\_ SPOUSE EMPLOYER \_\_\_\_\_

Should we need to reach you in an emergency and cannot, please list someone who does not live with you that may know how to reach you:

Emergency Contact Name \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

| NAME | SPECIES/<br>BREED | SEX | SPAYED/<br>NEUTERED | COLOR | BIRTHDATE/<br>AGE | MEDICAL<br>ALERT** |
|------|-------------------|-----|---------------------|-------|-------------------|--------------------|
|      |                   |     |                     |       |                   |                    |
|      |                   |     |                     |       |                   |                    |
|      |                   |     |                     |       |                   |                    |
|      |                   |     |                     |       |                   |                    |

**\*\*Medical Alerts:** Addison's Disease; Aggressive with Other Pets; Allergic Reaction to Ketamine; Antibiotic Sensitive; Asthma; BITER; Diabetic; Previous Allergic Reaction to Vaccines; Seizures; or other chronic medical condition we should be aware of.

IN ADDITION TO ABOVE NAMED OWNER AND SPOUSE (IF APPLICABLE), PLEASE LIST ALL INDIVIDUALS AUTHORIZED TO

REQUEST TREATMENT FOR YOUR PET(S): 1) \_\_\_\_\_

2) \_\_\_\_\_ 3) \_\_\_\_\_

I hereby authorize the veterinarians at Greenbelt Veterinary Hospital to examine, prescribe for and treat the above described pet(s), and any pets subsequently presented by above named owner and/or spouse, when presented for care by any of the above named individuals. I agree to pay for all services rendered and medications, goods and supplies when purchased. I understand that a deposit may be required for surgical or medical treatment. **ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** By my signature below, I hereby agree to all of the above and acknowledge the receipt of a copy of this agreement (upon request).

Signature of Owner or Agent: \_\_\_\_\_ Date: \_\_\_\_\_