

# SHELburne VETERINARY HOSPITAL



## NEW CLIENT INFORMATION

**Welcome to Shelburne Veterinary Hospital! Please help us provide your pet(s) with the best care possible by completing this form.**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

"Primary Owner:"

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Additional contact(s) authorized to make treatment decisions:

First/Last Name(s): \_\_\_\_\_

Phone Number(s):

*Please list in order of preference*

1. Name \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_ Home ☐ Cell ☐ Work ☐
2. Name \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_ Home ☐ Cell ☐ Work ☐

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

**Please check preferred method of contact:** Email ☐ Phone ☐ Text ☐

*How did you hear about Shelburne Veterinary Hospital?*

Facebook ☐ Family/Friend ☐ Google ☐ Instagram ☐ Other Veterinary Practice ☐  
Print Ads ☐ Yelp ☐ Other ☐ \_\_\_\_\_

(If referred, name of person who referred you so we can thank them: \_\_\_\_\_)

*Reason for Visit:* \_\_\_\_\_

*Previous Vet:* \_\_\_\_\_ *Date of Last Visit:* \_\_\_\_\_



## PATIENT INFORMATION

### Pet 1

Patient Name: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_

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

Sex: \_\_\_\_\_ Neutered/Spayed: Yes: ☐ No: ☐

Does your pet have allergies? Yes: ☐ \_\_\_\_\_ No: ☐

Has your pet ever had a reaction to vaccines or medications?

Yes: ☐ \_\_\_\_\_ No: ☐

Does your pet have any long term medical problems?

Yes: ☐ \_\_\_\_\_ No: ☐

Is your pet on any medications (including over-the-counter and supplements)?

Yes: ☐ \_\_\_\_\_ No: ☐

Is there anything else we should know about your pet? \_\_\_\_\_

### Pet 2

Patient Name: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_

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

Sex: \_\_\_\_\_ Neutered/Spayed: Yes: ☐ No: ☐

Does your pet have allergies? Yes: ☐ \_\_\_\_\_ No: ☐

Has your pet ever had a reaction to vaccines or medications?

Yes: ☐ \_\_\_\_\_ No: ☐

Does your pet have any long term medical problems?

Yes: ☐ \_\_\_\_\_ No: ☐

Is your pet on any medications (including over-the-counter and supplements)?

Yes: ☐ \_\_\_\_\_ No: ☐

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Is there anything else we should know about your pet? \_\_\_\_\_

**AS “PRIMARY OWNER” AND BY SIGNING BELOW, I UNDERSTAND THE  
FOLLOWING:**

It is my veterinarian’s recommendation that my pet(s) undergo annual blood work.

It is my veterinarian’s recommendation that my pet(s) be tested annually for Anaplasmosis, Lyme, Leptospirosis, and Heartworm disease.

When medications are used on a chronic basis for the treatment of my pet(s) that it is necessary to routinely monitor blood samples to make certain that the medications are not causing deleterious effects to my pet(s) health. These drugs include but are not limited to: NSAIDs, Glucocorticoids (steroids) and/or Opioids.

**I HEREBY AUTHORIZE** the veterinarian(s) to examine, prescribe for, and/or treat the above described pet(s).

**I ASSUME RESPONSIBILITY** for all charges incurred in the care and treatment of the above described animal(s).

**I UNDERSTAND** that these charges will be paid at the time of service or at the time of releasing my pet(s) to me and **I ACKNOWLEDGE** that balances older than 30 days from the date of service will be subject to a 1.5% finance charge per month until paid.

**I UNDERSTAND** that at least 24 hours’ notice is required to cancel or reschedule an appointment for my pet and if this notice is not provided a cancellation fee will be applied to my account.

**I AUTHORIZE** Shelburne Veterinary Hospital to use my pet(s) image on their website and/or social media sites.

*Owner/Agent Signature* \_\_\_\_\_ *Date:* \_\_\_\_\_