



# Client and Patient Information

PawSteps Veterinary Center, Inc.  
 1700 Providence Rd (Rt. 122)  
 Northbridge, MA 01534  
 508-234-9987  
 www.pawstepsvet.com

PawSteps Veterinary Center believes that all clients and patients are entitled to the best possible care. All client and patient information will be kept private and confidential. PawSteps Veterinary Center is not staffed 24 hours per day nor 7 days per week. Monitored overnight hospitalization is not available at the Center.

\*\* Payment is due in full at the time services are rendered. Deposits are required for hospitalization. Please speak with a doctor or staff member if you have any questions regarding medical, financial or pet care concerns. We accept Credit Cards, Cash and Personal Checks. We can also assist you with Care Credit.

## CLIENT INFORMATION

|                                                          |                    |                                                            |                                                                                           |                                |
|----------------------------------------------------------|--------------------|------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------|
| Last Name                                                |                    | First                                                      | Co-Owner or Emergency Contact Name                                                        |                                |
| Mr. Mrs.                                                 |                    |                                                            |                                                                                           |                                |
| Ms. Dr.                                                  |                    |                                                            |                                                                                           |                                |
| Address                                                  |                    | City                                                       | State                                                                                     | Zip                            |
| Home Telephone (call 1 <sup>st</sup> / 2 <sup>nd</sup> ) |                    | Mobile Telephone (call 1 <sup>st</sup> / 2 <sup>nd</sup> ) |                                                                                           | Co-Owner / Emergency Telephone |
| Email Address (for reminders and clinical information)   |                    |                                                            | May we send you our Newsletters? Yes <input type="checkbox"/> No <input type="checkbox"/> |                                |
| Employer                                                 | Employer Telephone |                                                            | May we contact you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>      |                                |

## REFERRAL INFORMATION

How did you find us? Why did you choose us? (Please indicate all that apply.)

Personal or Organizational Referral (Whom may we thank?) \_\_\_\_\_

Hospital Sign  Drove by  Location  Past Client  Community Event \_\_\_\_\_

PawSteps Veterinary Center Website  Internet Search: Google - Yahoo - Other \_\_\_\_\_

Advertisement: YellowPages - YellowBook - Other \_\_\_\_\_

## PET INFORMATION

|                                                                                                                                           |          |           |         |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|---------|
| Past ANIMAL CARE PROVIDER - may we contact them for your pet(s) medical history? Yes <input type="checkbox"/> No <input type="checkbox"/> |          | Telephone |         |
| <b>NAME</b>                                                                                                                               |          |           |         |
| <b>DATE OF BIRTH</b>                                                                                                                      |          |           |         |
| <b>DOG - CAT - OTHER</b>                                                                                                                  |          |           |         |
| <b>BREED</b>                                                                                                                              |          |           |         |
| <b>COLOR</b>                                                                                                                              |          |           |         |
| <b>GENDER</b>                                                                                                                             | Male     | Female    |         |
| <b>NEUTERED-SPAYED</b>                                                                                                                    | Neutered | Spayed    |         |
| <b>ENVIRONMENT &amp; LIFESTYLE</b>                                                                                                        | Indoor   | Outdoor   | Caged   |
|                                                                                                                                           | Hunts    | Other     |         |
| <b>PET RELATIONSHIPS</b>                                                                                                                  | Family   | My        | Child's |
|                                                                                                                                           | Backyard | Other     |         |
| <b>LAST VET VISIT</b>                                                                                                                     |          |           |         |
| <b>MAJOR HEALTH ISSUES / CONCERNS</b>                                                                                                     |          |           |         |

I hereby authorize PawSteps Veterinary Center (PVC) to render any treatment which is deemed critical to my pet's health while in their custody. I understand that in the event of any unusual or emergency circumstances, the PVC will make every attempt to contact me, my Emergency Contact, or another designated representative, if time permits, before proceeding with treatment. I understand that I will be financially responsible for all emergency procedures including the Estimate of Treatment provided in person or via telephone. I understand that all fees are to be paid at the time services are rendered and a deposit for expected treatment is required for all pets admitted to PVC.

Signature of Owner, Agent, Good Samaritan (Please Sign and Circle One)

Date