

Welcome to PawSteps Veterinary Center. Our staff is dedicated to the optimum in patient care and will do its utmost to make your pet's stay pleasant and beneficial. Please feel free to ask any questions concerning the treatment of your pet or other policies of the clinic. To help us serve you better, please provide us with the following information.

Name _____ Co-Owner's Name _____

Address _____ City _____ State _____ Zip _____

Mobile Phone _____ Home Phone _____ Co-Owner's Mobile Phone _____

Email Address _____

Place of Employment _____ Work Phone _____

Best phone number to reach you during the day _____ Drivers License # _____

How did you choose our practice? Advertisement Location Other _____
 Personal Recommendation (whom may we thank?) _____

Patient Information	Pet #1		Pet #2		Pet #3	
Name						
Species/Breed						
Date of Birth						
Color						
Sex: (circle)	Female Spayed	Male Neutered	Female Spayed	Male Neutered	Female Spayed	Male Neutered
Previous Veterinarian Information	Name					
	Hospital					
	Phone					

My pet is (please circle appropriate):	Family Member Show/Breeding	Outdoor Working	Family Member Show/Breeding	Outdoor Working	Family Member Show/Breeding	Outdoor Working
Previous Illness or Surgery?						
Allergies or Reactions to Vaccines or Medicines?						
Medication or Special Food?						

PHOTOGRAPH & PET INFORMATION RELEASE: I hereby grant PawSteps Veterinary Center (henceforth known as PVC), its representatives and employees the absolute and irrevocable right to use my pets' names and images for any lawful purpose, including for example such purposes as publicity, illustration, marketing, web content, and social media. I hereby acknowledge receipt of adequate consideration and waive the right to charge for use of the pictures, to inspect, or approve the images prior to any form of usage. I understand that the images may be modified to be used as design elements. _____ (initial)

TREATMENT POLICY: 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, PVC will make every attempt to contact me or my Agent 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. _____ (Initial)

PAYMENT POLICY: All fees MUST be paid in full at the time services are performed or upon discharge from the hospital and a deposit for expected treatment is required for all pets admitted to PVC. A late fee will be charged on all unpaid balances at a rate of 20% APR. Accounts will be turned over for collection if unpaid for more than 90 days. All costs of collection will be added to the outstanding balance. _____ (Initial)

Client Signature _____

Date _____

