

Pet Owner Information

First Name _____ Last Name _____

Co-Owner First Name _____ Co-Owner Last Name _____

Address _____

City _____ State _____ Zip _____

Main Contact Number _____ Alternate Number _____

Email _____

May we place photos of your pet on Facebook? Yes No

Patient Information

Pet's Name _____ Breed _____

Age/DOB _____ Color _____

Sex: Male Female Is your pet neutered/spayed? _____ Canine Feline

Most recent rabies vaccination date (Month/year) _____

Primary Care/Family Veterinary Clinic: _____

Date of Last Visit to Primary Care Veterinarian: _____

Reason for visit today: _____

Current Medications _____

How did you hear about our clinic? On-line Search Website Friend Family Veterinarian/Clinic
 Hospital Sign Direct Mail Other- please list _____

FINANCIAL RESPONSIBILITY: *Payment is required when services are rendered. In some circumstances, a deposit towards the total cost of medical care may be required.* As the owner (authorized agent) of the above-described animal, I hereby authorize the veterinary healthcare team to provide medical care for the presenting problem.

Signature: _____ Date: _____



Primary Care Veterinarian/Veterinary Hospital: _____

Urgent Care Patient Information for Clients with a Primary Care Veterinary Clinic OTHER than Friendship Pet Hospital

Your pet is being seen today for a medical problem requiring urgent care. Your primary care veterinarian has entrusted your pet's care to us. In order to respect their existing relationship with you, please note the following information:

- 1) **Following today's visit, you will need to set up an appointment with your primary veterinarian to recheck your pet.** We will provide discharge instructions to you at the end of the visit, including when to schedule any necessary rechecks. You will be provided with a copy of any available lab work results and radiology reports to take with you to your recheck appointment. If applicable, a copy of any radiographs will be provided to you on a CD. Any reports received after you leave Friendship Pet Hospital will be faxed or emailed to your primary care veterinarian.
- 2) **You will need to set up any routine wellness services or procedures with your primary veterinarian.** We will review any provided medical records and note the wellness that your pet is due for on the discharge instructions. Please discuss these recommendations with your primary veterinarian. **We do not provide wellness services during urgent care visits for clients of other veterinary clinics.**
- 3) **If your pet has a medical condition requiring services we cannot provide or if additional hospitalized care is needed beyond our business hours, you will be referred to a veterinary emergency or specialty hospital. In some cases, overnight medical observation may be available within our hospital until your primary veterinarian is available to accept your pet for continued care.**

For your convenience and to ensure continuity of care, a copy of the complete records for today's visit will be faxed or emailed to your primary veterinarian. Thank you for entrusting us with your pet's care!

I understand Friendship Pet Hospital is providing urgent care services when my family veterinarian is closed or cannot see my pet. **Friendship Pet Hospital** does not provide well-care services for clients of other veterinary hospitals in the area.

Client Signature

Date