



NEW PATIENT(S) FORM

Owner's Name: _____ Date: ____/____/____

Address: _____
street address City State Zip

Home phone: _____ Cell: _____ Alt: _____

Email Address: _____

Pet's name: _____ **Age:** _____ ☐ male ☐ female ☐ spay ☐ neutered **Color:** _____

☐ Dog ☐ Cat ☐ Bird ☐ Ferret ☐ Reptile ☐ Other _____ **Breed:** _____

Current medical problems:

Current medications:

Previous Veterinarian(s) for past records:

Pet's name: _____ **Age:** _____ ☐ male ☐ female ☐ spay ☐ neutered **Color:** _____

☐ Dog ☐ Cat ☐ Bird ☐ Ferret ☐ Reptile ☐ Other _____ **Breed:** _____

Current medical problems:

Current medications:

Previous Veterinarian(s) for past records:

I authorize the release of veterinary information to Animal Medical Center of the Village representatives.

I, the undersigned, certify that I am the owner or authorized agent for the owner of above listed pet(s), and accept full financial responsibility. I accept that full payment for services and products is expected at the time my pet is discharged, and agree to pay all charges associated with these treatments according to the policies set forth by the practice.

I, the undersigned, hereby grant permission to Animal Medical Center to use photographs and/or video of my pet taken at the time of visitations in publications, news releases, online, and in other communications related to the mission of Animal Medical Center.

I, the undersigned, acknowledge that if I arrive more than 15 minutes late to my scheduled appointment time, a late fee of \$25 per patient will be charged at the doctor's discretion.

Signature of owner or responsible party: _____

Witness Signature: _____