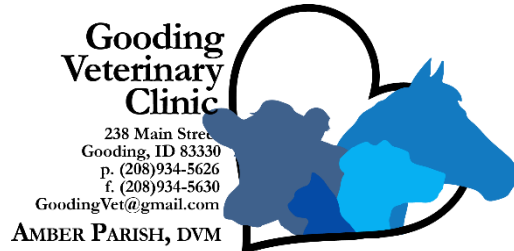


New Patient Information



CLIENT (Owner) INFORMATION

Ms Mrs Mr Dr Other _____

First Name: _____ Last Name: _____

Address: _____

City State Zip Code: _____ Home Phone #: _____

Work #: _____ Cell #: _____ Texting: Yes No

Please circle the above number where we can reach you most readily, especially between 8am and 5pm, as being able to reach pet-owners quickly is sometimes important and often very difficult.

Email (Please print clearly): _____ @ _____

SECOND CONTACT

Spouse Friend Partner Neighbor Other _____

Ms Mrs Mr Dr Other _____

First Name: _____ Last Name: _____

Address: _____

City State Zip Code: _____ Home Phone #: _____

Work #: _____ Cell #: _____ Texting: Yes No

Please circle the above number where we can reach you most readily, especially between 8am and 5pm, as being able to reach pet-owners quickly is sometimes important and often very difficult.

Email (Please print clearly): _____ @ _____

I found out about Gooding Vet from: Website Facebook Friend/Client _____

PATIENT INFORMATION

Name: _____ Species: Cat Dog

Breed: _____ Male Female Spayed/Neutered: Yes No

Birth Date is known: _____ / _____ / _____ or Age Estimated as: _____

Patient Color & Markings: _____

Does your pet have any recurring or other significant medical history? YES NO
Is your pet on any medication? YES NO
Do you know the medication name, dose, and frequency?

Does your Pet have a microchip? YES NO
Do you know the number? _____
Do you have Pet Health Insurance? YES NO
Do you travel with your pet? YES NO
Do you have medical records from your previous veterinarian? YES NO

ADDITIONAL PATIENT FORM(S) ATTACHED: YES NO

FINANCIAL POLICY SUMMARY: We do not bill for services. In-patient care is by written consent. Payment is due in full at the time that services are performed and we cannot release hospitalized pets from the hospital, or release medications dispensed until the final bill for hospitalization or the current patient visit has been paid. We accept CASH, CHECK, VISA, MASTERCARD, AMEX, DISCOVER, and CARE CREDIT payments. We do not extend credit. All open invoices are sent to collection after 45 days. Please ask about our pre-payment plans for wellness services.

IF YOU PLAN TO HAVE A THIRD PARTY PRESENT YOUR PET FOR TREATMENT, please speak with one of the Receptionists.

I have read, understand, and agree to the Financial Policy.

Media Release: I grant permission to Gooding Veterinary Clinic and its employees the irrevocable and unrestricted right to reproduce the photographs and/or video images taken of me and/or my pet(s) for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium. I hereby release Gooding Veterinary Clinic and its legal representatives for all claims and liability relating to said images or video. I waive my right to any compensation.

Signature: _____ **Date:** _____

REASON FOR TODAY'S VISIT: _____

PATIENT INFORMATION

Name: _____ Species: Cat Dog
Breed: _____ Male Female Spayed/Neutered: Yes No
Birth Date is known: _____ / _____ / _____ or Age Estimated as: _____
Patient Color & Markings: _____

Does your pet have any recurring or other significant medical history? YES NO

Is your pet on any medication? YES NO

Do you know the medication name, dose, and frequency?

Does your Pet have a microchip? YES NO

Do you know the number? _____

Do you have Pet Health Insurance? YES NO

Do you travel with your pet? YES NO

Do you have medical records from your previous veterinarian? YES NO

PATIENT INFORMATION

Name: _____ Species: Cat Dog
Breed: _____ Male Female Spayed/Neutered: Yes No
Birth Date is known: _____ / _____ / _____ or Age Estimated as: _____
Patient Color & Markings: _____

Does your pet have any recurring or other significant medical history? YES NO

Is your pet on any medication? YES NO

Do you know the medication name, dose, and frequency?

Does your Pet have a microchip? YES NO

Do you know the number? _____

Do you have Pet Health Insurance? YES NO

Do you travel with your pet? YES NO

Do you have medical records from your previous veterinarian? YES NO