



New Client Information

Welcome to Pacific Beach Veterinary Clinic! *Thank you* for entrusting us with your pets' care! Please feel free to ask any questions concerning the treatment of your pet. Our Clinic Policies are listed on the back of this page.

*Name: _____

*Date: _____

*Address: _____

*City: _____ State: _____

*Zip Code: _____

*Phone Number: _____

E-mail address: _____

*Owner's Date of Birth: _____

Additional Contact: _____

(Required by the FDA to dispense controlled medications)

Additional Phone Number: _____

<u>Patient Information</u>	<u>Pet #1</u>	<u>Pet #2</u>	<u>Pet #3</u>
Name:			
Breed:			
Date Of Birth:			
Color/Markings:			
Sex (Please Circle):	Female Male Spayed Neutered	Female Male Spayed Neutered	Female Male Spayed Neutered
Previous Surgeries?			
Any known allergies to vaccinations or medications?			
Special diet? Diet restrictions?			
Previous Veterinarian's information?	Name: Phone Number:	Name: Phone Number:	Name: Phone Number:

Signature of Owner: _____

Date: _____



CLINIC POLICIES:

Please **INITIAL** and **READ CAREFULLY**:

PAYMENT POLICY:

___ Payment is due at the time of service. We accept Visa, MasterCard, American Express, Discover, and Cash as payments. We will accept a check after developing a personal relationship. We *require* payment at the time services are rendered. A \$20.00 fee will be charged for all returned checks and we are unable to accept checks from a new client.

ESTIMATE POLICY:

___ We are happy to provide an estimate of treatment cost for you. Signing an estimate made by our Doctor is agreeing to a treatment plan. If you are not comfortable with what is on the estimate, please let us know so we can adjust it for you.

CANCELATION POLICY:

___ Please call to cancel appointments that were made. We have a \$45.00 cancellation fee.

VACCINATION POLICY:

___ All pets who are being hospitalized **MUST** be up to date on vaccinations. If vaccinations were done elsewhere, please provide proof and/or the previous office's phone number so our receptionists can call to request the records.

PRESCRIPTION POLICY:

___ In order to better serve our clients, **please allow 24-hour advance notice to refill prescriptions.** Federal Law prohibits the dispensing of certain medication without an examination or prescription. We apologize for the inconvenience, but we cannot accept returns on Prescription Medications.

Social Media Release:

___ I authorize Pacific Beach Veterinary Clinic to use photographs of my pet without my name for any lawful purpose, including for example, such purposes as publicity, illustration, advertising and web content.

___ I do not authorize my pet's photo to be shared for any purpose.

Signature: _____

Date: _____