LAUREL PET HOSPITAL

New Client Information

INTERNAL USE ONLY
Account Number:

Thank you for choosing Laurel Pet Hospital.

Pet Owner's Name:

Home Address: _

City: _ State: _ _ _ _ _ _ _ _ _ Zip: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Tel: (Primary) _ Tel: (Secondary) _

E-mail Address: _

Driver's License #: _ Exp. Date: _ _ _ _ _ _ _ _ _ _ _ _ _ _

Date of Birth of Pet Owner:* Month / Day / Year

**Due to the possibility of the provision and use of controlled substances and medication for your pet, we are required to obtain this information.*

Occupation: _ Employer: _

_ _
Name of other Authorized Agent

Do you authorize this Agent to make urgent treatment changes if you are unreachable? **YES** ☐ **NO** ☐

Auth Agent Email Address: _ Tel: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Please list other Agents to whom we can release information: _

Other Veterinarians your Pet has been treated by? _

How did you hear about Laurel Pet Hospital: _

AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT

I hereby authorize the doctor on duty (and assistants the doctor may designate) to administer treatment as considered therapeutically and/or diagnostically necessary on the basis of findings during the course of said evaluation. I also consent to the administration of such anesthetic and surgical treatment, the reasons why the surgery is considered necessary, its advantages and possible complications if any, as well as possible alternative modes of treatment which are explained to me by the doctor. I assume financial responsibility for all charges incurred to the patient and consent to the reals of medical information to the above name family veterinarian. I understand the clinic and its personnel does not give any guarantee that the recommended treatments/procedures will correct or cure the conditions for which my pet was presented. I understand that if my check or credit card is returned unpaid for any reason that will be subject to additional charges and that if a collection agency/attorney must be used to collect the balance of the charges resulting from care received by my pet at Laurel Pet Hospital, I will be responsible for paying any collection cost/fees.

Client or Auth Agent Signature

Date