

Veterinary Neuro Services**Patient Admitting Form****PLEASE READ THE LAMINATED SHEET AFTER COMPLETING THIS FORM****1. ABOUT YOU**

Last Name _____ First Name _____ Spouse _____

Address _____ Home Phone (____) _____ - _____

City _____ State _____ Zip _____ Work Phone (____) _____ - _____

Employer/Profession _____ Cell Phone (____) _____ - _____

Email address: _____

Driver's License # (REQUIRED if paying by check) _____

2. ABOUT YOUR PET

Name _____ Type: DOG CAT OTHER _____

Breed _____ Sex: MALE FEMALE Spayed or Neutered: YES NO

Birth Date _____ or Age _____ Color/Markings _____

Date of last vaccines _____ Type of vaccines _____ FeLV/FIV _____

Heart Worm Prevention: YES NO Brand: _____; MONTHLY DAILY

Any know allergies: _____

Reason for Visit _____

Has your pet ever shown aggression to humans? _____ Other animals? _____

3. ABOUT YOUR VET

Family Veterinarian _____

Clinic Name _____ City _____

Phone Number _____ Fax Number _____

Referring Veterinarian (if different from above) _____

Authorization for examination and evaluation:

I hereby authorize Dr. Chauvet (or her representative) and her technicians/assistants to examine my pet and evaluate the condition it is being presented for. I am giving permission to restrain or muzzle my pet if it is fractious or threatens to bite, in order to prevent harm to the staff, the doctor, or myself.

I understand the initial cost of the examination fee (\$125.00), and agree to pay this fee, and any other agreed upon diagnostic and treatment fees (verbal and/or written) at the time of discharge, in full.

Signature of owner or responsible agent X _____ Date _____