



Thank you for giving us the opportunity to care for your pets.
So that we may become better acquainted,
please complete the following.

Date
Account

CLIENT INFORMATION

Name _____ Home Phone _____ Mobile Phone _____
 Address _____ Date of Birth _____ Employer _____
 City/St/Zip _____ 2nd Owner Name _____
 County _____ 2nd Owner Employer _____
 E-Mail _____ 2nd Owner Work Phone _____

PATIENT INFORMATION	Pet #1:	Pet #2:	Pet #3:
Name			
Breed			
Date of Birth			
Color			
Sex/spayed or neutered?			
Any previous serious illnesses or surgeries			
Any allergies to vaccinations or medications			
Special diets or medications			
Rabies vaccine			
Distemper vaccine			
Kennel cough vaccine			
Lyme disease vaccine			
Fecal (stool sample)			
Feline leukemia vaccine			
FIP vaccine			
Heartworm test/prevention			

How did you become aware of our practice? Saw vehicle Yellow Pages Website Previous client
 Personal Referral (Whom may we thank?) _____
 Other _____

By signing below, I acknowledge and agree that The Housepet Housevet, LLC and Carrie Anne Schultz DVM (collectively, the "Veterinarian") will provide veterinary services (the "Services") to Pet. I am financially responsible for payment for all services rendered and products sold, and I understand that payment is required at time of visit. I understand that such services may necessarily include procedures or acts that could cause Pet discomfort and cause Pet to react to such discomfort. As the owner or authorized agent for the owner of Pet, who is familiar with Pet and Pet's actions, I may be requested to assist the Veterinarian in the performance of the Services and agree to do so at my own risk. I understand that there are risks involved in assisting in the performing of these Services, but because Veterinarian is providing the Services in my home or other place, as designated by me, I agree to assist and do so at my own risk.

I agree and understand that any treatment for and any costs associated with any illness or personal injury incurred while assisting the Veterinarian, regardless of the reason, shall be covered by me or my own medical or personal liability insurance. I will hold Veterinarian harmless if any illness or personal injury is incurred while assisting in the Services. I have read and I understand the preceding and agree to assist Veterinarian under these conditions, recognizing that there are risks. I shall not unnecessarily expose myself or Veterinarian to any risk or place myself or Veterinarian in any danger. Should such a circumstance occur, regardless of intent, I agree to indemnify Veterinarian for any damage caused by such exposure.

PLEASE DO NOT SIGN UNLESS YOU HAVE READ THE ABOVE THOROUGHLY AND UNDERSTAND COMPLETELY

Signature _____ Date _____

Person presenting this pet for treatment if other than owner

Name _____ Relationship to Owner _____

Address _____ City/State/Zip _____ Telephone _____