



**LaVale Veterinary Hospital**



**New Patient Information**

Thank you for giving LaVale Veterinary Hospital the opportunity to care for your pet

Owners Name \_\_\_\_\_

Authorized Owner Representative or Family member \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell / Pager \_\_\_\_\_

Other Emergency # \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Name of Company \_\_\_\_\_ Address \_\_\_\_\_

Y/N \_\_\_\_\_

Work Phone / Extension \_\_\_\_\_

May we call you at work? \_\_\_\_\_

Drivers License Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Owner's Date of Birth \_\_\_\_\_

How did you find out about LaVale Veterinary Hospital? \_\_\_\_\_

**Payment Policy**

Payment is due at the time of your visit. We accept cash, personal checks with proper ID, Visa MasterCard, Discover and Care Credit. Deposits are required for extensive medical and surgical problems that require hospitalization of you pet. Full payment is to be paid at time of service.

**Client Consent**

I am the owner, or representatives of the owner over the age of 18, of the animal presented and have the authority to execute this consent. I authorize and direct the veterinarians at LaVale Veterinary Hospital to administer authorized treatment as needed on the basis of findings during the course of evaluation: to diagnose, prescribe, sedate. Anesthetize, and perform therapeutic procedures and/ or surgery as their judgment may dictate to be advisable for the patient's well being. I understand I will be advised as to the nature of the procedures and the risks involved. I understand that no warranty or guarantee will be made as to the results or cure.

An estimate of the fees will be provided at my request for the initial assessment and treatment for the animal presented. I realize that actual expenses may differ from the estimate dependent on the patient's condition and length of stay in the hospital. LaVale Veterinary Hospital will try to contact me if emergency treatment is required. I also understand and will be responsible for expenses incurred in an emergency when I can not be reached or there is no time to contact me. I will be fully responsible for monitoring the ongoing expenses and will be fully responsible for all expenses incurred through the animal's diagnosis and treatment. I understand that I assume responsibility for the animal's diagnosis and treatment. I understand that I assume responsibility for the balance of all services rendered on a cash, credit card or check basis at discharge with a 1.5% finance charge per month on any unpaid balance.

\_\_\_\_\_  
Responsible Client / Agent

\_\_\_\_\_  
Date