

# Dr. Jyl's Mobile Vet Connection

## CLIENT FORM

Thank you for giving us the opportunity to care for your pet(s). Please fill out this form completely (PLEASE PRINT):

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Best Time and Way to be Reached: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Driver's License # (if writing a check) \_\_\_\_\_ Exp: \_\_\_\_\_

A New Law for Controlled Substances Requires the Owner's Date of Birth: \_\_\_\_\_

Spouse's Contacts: Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Please Circle Payment Method:            *Check*            *Cash*            *Credit/Debit Card*            *Care Credit*

The following charges apply for cancellations if less than 24-hours before appointment.

Office Call \$35 fee. Initial Consultation \$95 fee. House Call \$160 fee.

Initial: \_\_\_\_\_

In the event of an emergency, I understand that every attempt will be made to contact me. I hereby give permission for any reasonable treatments needed to stabilize my pet to be done or given in the event of said emergency. Initial: \_\_\_\_\_

I accept ALL financial responsibility, and understand that all professional fees are due at time of services. Initial: \_\_\_\_\_

I understand that Mobile Vet Connection offers both traditional veterinary care AND alternative care modalities, including ACP, O3, UV, VOM, herbal medications and homeopathic remedies. I understand that the safety and/or effectiveness of some alternative modalities are not well-established, and/or are deemed "experimental" according to the American Veterinary Medical Association. I also understand that, although rare, the potential for adverse reactions to herbal medications exists. Initial: \_\_\_\_\_

I acknowledge that due to manufacturer supply limitations and regulations some medications prescribed or administered may be compounded or used "off label". Initial: \_\_\_\_\_

How did you hear about our hospital/mobile service? Internet \_\_\_\_\_ Mailing \_\_\_\_\_ Event \_\_\_\_\_ Friend \_\_\_\_\_

If from a personal recommendation, whom should we thank? \_\_\_\_\_

Signature of owner: \_\_\_\_\_ Date: \_\_\_\_\_

Please list additional persons authorized to sign for this account \_\_\_\_\_

#### PATIENT INFORMATION:

	Pet #1	Pet #2	Pet #3	Pet #4	Pet #5
<b>Pet's Name:</b>					
<b>Species/Breed:</b>					
<b>Date of Birth:</b>					
<b>Color:</b>					
<b>Sex/Spayed/Neutered:</b>					
<b>Microchipped?</b>	_____	_____	_____	_____	_____
<b>Illnesses/Surgeries?</b>					