

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 24-hours before appointment.
Office Call \$25 fee. Initial Consultation \$25 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, PEMF, 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: _____

I give permission to Dr. Jyl's MVC to take pictures of my pet(s) or their treatment and post them to our social media accounts for our business Facebook Page/ Twitter, Instagram, etc. 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
Pet's Name:					
Species/Breed:					
Date of Birth:					
Color:					
Sex/Spayed/Neutered:					
Microchipped?	_____	_____	_____	_____	_____
Illnesses/Surgeries?	_____	_____	_____	_____	_____