# 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**):

**Name**: _____ **Spouse's Name**: _____ **Date**: _____
**Address**: _____ **City**: _____ **State**: _____ **Zip**: _____
**Cell Phone**: _____ **Work Phone**: _____ **Home Phone**: _____
**Spouse's Contact Cell Phone** _____ **Email** _____
**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**: _____

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

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

The following charges may apply: Cancellation less than 24hr scheduled appointment time $45. Missed appointment $45. House Call $160. Emergency fit-in $86 **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?** | | | | | |