



1830 SE Princeton Drive • Grimes, Iowa 50211  
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## New Client/Patient Form

### Client/Owner Information

Name: \_\_\_\_\_ Spouse/Co-Owner \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Primary Cell Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Co-Owner's Cell: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Co-Owner's Work: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Are you or the co-owner an active or retired member of the military? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you become aware of our clinic? Drove by/Sign Facebook Web Page Newspaper Ad

Other: \_\_\_\_\_

Personal Recommendation (Whom may we thank?) \_\_\_\_\_

Best method to reach you (Circle one): Home Phone Cell Phone

How would you like your reminders sent (Circle one)? E-Mail Postal Mail None

What clinic have you previously taken your pet(s) to? \_\_\_\_\_

Do you have pet insurance? If so, by whom is your pet covered? \_\_\_\_\_

Do we have your permission to use your pets' picture in promotional materials such as Facebook and/or our web page? Yes \_\_\_ No \_\_\_

### Patient/Pet Information

	Pet 1	Pet 2	Pet 3
Pet's Name			
Species (Dog, Cat, etc.)			
Breed?			
Coat Color			

Continued on next page.

	Pet 1	Pet 2	Pet 3
Male/Female?			
Spayed/Neutered?			
Date of Birth (or Age)			
How many hours per day does your pet spend outdoors?			
Date of Previous Vaccinations			
Is your pet microchipped?			
Brand of Food			
Names of current medications (including flea/tick and heartworm prevention)?			
Any previous illnesses or surgeries?			

If you have more than three pets, let us know!

Is there anything else we should know about your pet? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Informed Consent

I understand that my veterinarian will need to communicate with me, or someone designated by me, prior to treatment of my animal(s) in order to obtain informed consent. For purposes of obtaining informed consent, I direct my veterinarian as follows:

Informed consent may ONLY be provided by me: Yes \_\_\_ No \_\_\_

Informed consent may be provided by me OR the co-owner(s) above: Yes \_\_\_ No \_\_\_

Informed consent may also be provided by: \_\_\_\_\_

### Financial Policy

In order to maintain high quality veterinary care while keeping our cost under control,  
**ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

I authorize Prairie View Animal Hospital to acquire any medical or surgical records from my previous veterinarian and/or send copies of any medical or surgical records to any veterinarian, pet grooming shop, or kennel.

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