



NEW CLIENT FORM

Client Information:

Client Name:
Address:
Phone Number:
Email Address:
Emergency Contact:
How did you hear about us?

Patient Information:

Patient Name:
Species: **Breed:** **Gender:** **Age:** **Color:**
Any known allergies?
Any known vaccine reactions?
Any other important medical history?

I, the undersigned owner, authorized agent of the owner or Good Samaritan responsible for seeking veterinary care for the pet identified above, certify that I am eighteen years of age or older, and hereby consent to the examination of this pet by staff veterinarians at this veterinary practice. I also agree that after consultation with me, the hospital's doctors may prescribe medication for, treat, hospitalize, sedate, anesthetize and/or perform surgery on this animal. I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure is initiated. Should some unexpected life-saving emergency care be required and the attending veterinarian be unable to reach me, this practice's staff **has** **does not have** my permission to provide such treatment and I agree to pay for all related fees. I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made.

I understand that an estimate of the costs for veterinary services will be provided to me and that I am encouraged to discuss all fees attendant to such care before services are rendered and during this pet's ongoing medical treatment. If this animal is hospitalized, I agree to pay a deposit of 50% of the estimated fees and assume financial responsibility for the balance of all services rendered on a cash, credit card or check basis at the time the pet is discharged from the hospital.

Client Name

_____ **Client Signature**

Reber Ranch Veterinary Hospital
28606 132nd Ave SE
Kent, WA 98042
253.277.7000
www.reberranch.com