

## **Pet Information**

PET'S NAME/S:

BREED:

DATE OF BIRTH:

SEX:

NEUTERED: Y N

COLOR/MARKINGS:

PRIOR VETERINARY CLINIC:

PHONE:

IS YOUR PET ALLERGIC TO ANY MEDICATIONS/VACCINATIONS?

DOES YOUR PET HAVE ANY SPECIAL MEDICAL CONDITIONS OR ON ANY MEDICATIONS?

DOES YOUR PET HAVE ANY BEHAVIOR ISSUES AT PAST VETERINARY VISITS?

## **Owner Information**

OWNERS NAME:  
(Must be 18 years of age)

SOCIAL SECURITY NO:

SPOUSE/OTHER:

SPOUSE/OTHER'S SS#:

ADDRESS:

CITY:

STATE:

ZIP:

HOME PHONE:

CELL PHONE:

EMAIL ADDRESS:

CELL PHONE:

EMPLOYED BY:

WORK PHONE:

EMERGENCY CONTACT:

EMERGENCY PHONE:

Who else is allowed to bring pets in and make medical and financial decisions?

1)

2)

**\*PLEASE READ THROUGH THE FOLLOWING CAREFULLY BEFORE SIGNING\***

\_\_\_\_\_ **INITIAL Release of Liability-Assisting with Veterinary Services:** I release Dakota Veterinary Hospital (DVH), any DVH veterinarian and any DVH staff or subcontractor, from liability for injury resulting from my participation in assisting in any veterinary services. I understand by assisting I may be injured by a patient of DVH. I understand injuries may include but not limited to, being scratched, bitten, scraped, clawed, poked or otherwise injured by a patient. I understand animals being restrained are often agitated, uncooperative and aggressive. I understand by assisting I may be injured by one or more of DVH staff due to the nature of restraining animals. I understand said injury may include but is not limited to, me being bumped, elbowed, or otherwise injured by DVH staff. I acknowledge the above-stated risks of assisting with veterinary services, and with full knowledge of said risk, voluntarily wish to assist DVH staff with services. I understand that I waive any right to a claim for damages, monetary or otherwise, against DVH, for any injury that may result from my participation in assisting with Veterinary services.

\_\_\_\_\_ **INITIAL Release of Liability – Pet injuries during examination:** I release Dakota Veterinary Hospital (DVH) from liability if my pet/pets injury themselves during the exam/full visit at Dakota Veterinary Hospital. I understand pets may injury themselves trying to escape during restraint or examination, I understand that I waive any right to a claim for damages, monetary or otherwise, against DVH, for any injury to my pet that may arise.

\_\_\_\_\_ **INITIAL NO SHOW FEES:** Any scheduled appointment that is missed and not cancelled before the scheduled time may result in a fee of \$25.00.

\_\_\_\_\_ **INITIAL ALL FEES ARE DUE AT THE TIME OF SERVICES:**  
***Accepted Payment options are: CASH, CHECK, CREDIT CARD, CARE CREDIT***  
We take pride in the quality of service and medical care we provide for your pet. To maintain these standards and keep your costs at a reasonable level. I agree to pay for professional services and medications. The information on this form is true and accurate.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_