

New Client/Patient Form

Thank you for giving us the opportunity to care for your pet(s)

Primary Owner: _____
Home Address: _____ City: _____ Zip: _____
Home Phone #: _____ Cell#: _____
Email Address: _____
Employer: _____ Work #: _____
Secondary Owner: _____ Phone#: _____
Additional people (must be at least 18 years of age) authorized to make any medical decisions on my pet(s) behalf: _____

	Pet 1	Pet 2	Pet3
Name			
Breed			
Male/Female & Spayed/Neutered			
Color			
Date of Birth			
Health Problems			
Medication			
Aggressive/Afraid			
Brand of Food			

Have you taken your pet(s) to another veterinarian before? Yes or No
If yes, reason for leaving? _____
How did you hear of our practice? _____
If referred, by whom? _____

I realize that no guarantee nor warranty can ethically or professionally be made regarding the results or cure of my pet.

I certify that I own and assume financial responsibility for all charges and fees (including attorney fees), for the above described pet(s). I do hereby consent and authorize STONEY POINTE PET HOSPITAL and its staff to hospitalize administer vaccinations, medications, tests, surgical procedures, anesthetics or treatments that the doctor may deem necessary for the health, safety and well-being of my pet while it is in their care.

If my pet(s) should injure itself in an escape attempt, refuse food, soil itself, become ill or die while in their care, I will hold the STONEY POINTE PET HOSPITAL free of any responsibility and/or liability in the absence of gross negligence. ***Email and/or cell # required for pet's notifications and reminders.**

I understand there is a \$25.00 fee for returned checks.

Signature: _____ Date: _____

****FULL PAYMENT IS DUE WHEN SERVICES ARE RENDERED****

I authorize Stoney Pointe Pet Hospital to use pictures of my pet(s) for their website and social media platforms. Yes or No Initials _____

Stoney Pointe Pet Hospital – 3999 Buffalo Road, Rochester, NY 14624, (585) 594-222