



NEW CLIENT FORM

PERSONAL INFORMATION

Full Name : _____
Full Address : _____
Phone Number : _____ E-Mail : _____
Alt Phone Number : _____ Social Security Number : _____

Treatment Authorization and Release (of pet(s) check-in forms

1. To my knowledge the animal listed above is in good health. I acknowledge the fact that all pre- and post-operative care is my responsibility. I am the owner and responsible party of the pet(s) listed and have the authority to execute this consent.
2. I understand that if my pet is aggressive and requires extra medication, time, or staff there may be an extra charge.
3. I understand that if my animal is undergoing surgery and is found to have fleas that they will be treated with a flea adulticide at my expense.
4. I hereby also authorize the use of such anesthetics and vaccinations as you deem advisable and the performance of such surgical and therapeutic procedures as you determine necessary. I understand that some risks always exist with anesthesia and/or surgery, vaccination, and treatments and that I am encouraged to discuss any concerns I may have about those risks with the attending veterinarian before the procedures are initiated. My signature on this form indicates that any questions I have regarding these issues have been answered to my satisfaction.
5. I agree to indemnify and hold harmless Flint Animal Hospital and the attending veterinarian from and against all liability arising out of the performance of all procedures referred to above.
6. I understand that trained personnel will NOT attend hospitalized animals beyond the regular office hours.
7. There is no guarantee of pregnancy, or a viable litter with any of the following services; Any vaginal AI, surgical AI, or caesarians.

PAYMENT OF YOUR BILL IS DUE IN FULL AT THE TIME THE ANIMAL IS TREATED.

I confirm that all of the information on this form is accurate and true to the best of my knowledge.

614-846-8301 (Office)
DrivingParkAnimalHospital.com

THANK YOU

Signature

Date