

Granite Bay Veterinary Clinic

New Client Form

Client Information

Name	Spouse/Partner			
Address		-		
Street		City	State	Zip
Email Address				
Phone #: Home			Cell	
Employer	Address	Address		
Drivers License #	SSN#:			
Who can we thank for referring	ng you?			
Pet Information				
	Pe	t # 1		
Name	Breed		Sex	Spay/Neuter?
Age/Birthdate	Color	Mic	rochip #	
Previous Vet	Phone #			
Last Vaccination Date?				
Reason for visit				
	Pe	t # 2		
Name	Breed		Sex	Spay/Neuter?
Age/Birthdate				
-	Phone #			
Last Vaccination Date?				
Reason for visit				

We take pride in the quality of service and medical care we provide to you and your pet(s). In an effort to maintain these standards and to keep your costs at a reasonable level, we require payment in full for services at the time of treatment.

Preferred Payment Method: Cash _____ Visa ____ M/C ____ Discover _____ AmEx ____

Check Policy: Personal checks will be accepted after your initial visit, provided we have a copy of your Drivers License or other state issued identification on file.

I agree to pay for all professional services and medications as they are provide to my pet. The information provided on this form is true and accurate.

I understand that my signature gives authorization to the doctors of Granite Bay Veterinary Clinic to treat my pets, including x-rays, surgery, medications and any other treatments that are necessary in the judgment of the doctors of Granite Bay Veterinary Clinic to provide emergency treatment to save my pets life in the event of an emergency in my absence.



I authorize the custodian of records of:

and when needed by another veterinary facility, all records for the above mentioned pet(s). I understand that this authorization is voluntary and that I may refuse to sign this authorization. By signing below I represent and warrant that I am the above named pet's guardian/owner and have authority to sign this document and authorize the use or disclosure of protected records and my pet(s)' health information and that there are no claims that would prohibit or restrict my ability to authorize the use or disclosure of my pet's health information and records.

Signature of Owner

Name of Owner (Print)

GBVC Representative (witness)



Date

_____ to disclose/release, if