

Client Information Sheet

Reason for visit: _____ Date: _____ Time: _____ Client No.: _____
 Have you been to a BluePearl Veterinary Partners hospital before? Yes No

Owner name: _____ Co-owner name: _____

Email address: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary phone: _____ Secondary phone: _____ Other phone: _____

Are you the pet's owner? Yes No If no, please provide your name and address: _____

Family veterinarian and phone number: _____

Has your pet been treated by a veterinary specialist? Yes No

If so, please list the name of the specialty practice and the date your pet was treated: _____

PET INFORMATION

Pet Name: _____ Age/DOB: _____ Sex: Male Female

Spayed/Neutered: Yes No Species: Dog Cat Bird Ferret Rabbit Reptile Other: _____

Color: _____ Breed: _____

Please tell us how you heard about BluePearl: Family veterinarian Friend/Family/Neighbor Yellow Pages/Phone book
 Online search Online review Community event Social media Print materials

Please check here if you would like to receive Pet Perspective, BluePearl's monthly e-newsletter that is filled with pet health information, news and fun facts.

BluePearl supports Frankie's Friends, a charity that helps families who cannot afford life-saving pet care. Please check here if you would like to receive the Frankie's Friends newsletter with information about pets they have helped, as well as area events.

The examination and treatment that your pet will receive is rendered on an emergency basis only. It is not intended to be a substitute for, or an effort to provide, complete veterinary medical care. In most cases, your pet will need to be seen by your regular veterinarian for follow-up treatment and further medical care.

PROFESSIONAL FEE POLICY: The fee for this Emergency Examination and consultation with a Veterinarian is \$115.00. A recommended treatment plan with associated costs will be reviewed with you after the initial examination. Additional fees are charged when treatment, medication, diagnostic testing, and/or hospitalization is necessary and authorized by you.

I HEREBY AUTHORIZE the Veterinarian on duty and designated members of the healthcare team to administer treatment as is considered necessary on an emergency basis. I consent to the administration of such anesthetics as are necessary and surgical procedures of an emergency nature. I also certify that no guarantee or assurance has been made as to the results that may be obtained. I consent to the release of medical information and records to my referring Veterinarian, any specialist who may be consulted and insurance representatives. I consent to having photos and/or video taken of my pet for educational, training, and/or promotional purposes.

DISCHARGE OF PETS: All pets must be picked up at scheduled discharge time or additional charges may be incurred.

I ACCEPT FINANCIAL RESPONSIBILITY FOR THESE SERVICES. I understand that I will be expected to pay all fees at the time services are rendered. I further agree to pay for all collection costs that may be incurred to enforce collection of any amounts outstanding.

Signature: _____ Date: _____
 Owner/Picture ID required

Signature: _____ Date: _____
 Co-Owner/Picture ID required