

# 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: \_\_\_\_\_

Owner Gender: \_\_\_\_\_ Owner date of birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PLEASE LIST ALL CONTACT INFORMATION SO WE MAY REACH YOU DAY OR EVENING

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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

Please tell us how you heard about BluePearl:  Family Veterinarian  Friend/Family/Neighbor  Yellow Pages  Internet  
 Community Event  Bing  Facebook  Yelp  Other \_\_\_\_\_

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: \_\_\_\_\_

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. It is impossible to recognize and treat all injuries or illnesses in a single emergency visit.

**PROFESSIONAL FEE POLICY:** The minimum fee for this Emergency Examination and/or consultation with a Veterinarian is \$95.00. Additional fees are charged when treatment, medication, tests or hospitalization is necessary. An estimate of the cost of recommended treatment and testing will be provided after the initial examination.

**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, attorney fees, and all other 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