



bluepearlvet.com

**BLAINE**  
11850 Aberdeen St NE  
Blaine MN 55449  
763.754.5000

**EDEN PRAIRIE**  
7717 Flying Cloud Dr  
Eden Prairie MN 55344  
952.942.8272

### Client Information

Name \_\_\_\_\_ Spouse/Other \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please provide us with phone numbers below that will allow us to contact you or another responsible party.

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Spouse/Other Cell Phone \_\_\_\_\_ Spouse/Other Work Phone \_\_\_\_\_

### Patient Information

Dog  Cat Name \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Male  Female Spayed/Neutered  Yes  No Age \_\_\_\_\_

Your Family Veterinarian and/or Referring Veterinarian \_\_\_\_\_

Veterinary Clinic \_\_\_\_\_

Reason for Visit \_\_\_\_\_

\_\_\_\_\_

Please list any other health problems \_\_\_\_\_

\_\_\_\_\_

### Authorization for Treatment

I authorize BluePearl Veterinary Partners to assess the above-described animal. I understand this may include consultation, blood work or diagnostic procedure. I am aware that treatment and medication charges are in addition to the consultation fee and will have an opportunity to review a treatment plan and cost for additional services.

Client signature \_\_\_\_\_ Date \_\_\_\_\_

**A DEPOSIT EQUAL TO THE LOW END OF THE ESTIMATE IS REQUIRED PRIOR TO HOSPITALIZATION AND/OR SURGERY.**