

New Patient Information



bluepearlTM
specialty + emergency
pet hospital
bluepearlvvet.com

Today's date _____

Client information

Name _____ Spouse/partner name _____

Address _____

Email address _____

Preferred method of communication (please mark):

Home phone number _____ Cell number _____ Spouse/partner phone number _____

Driver license number _____ State _____

Patient information

Pet's name _____ Date of birth or age _____

Canine Female Spayed

Color _____ Breed _____

Feline Male Neutered

Current on vaccine? Yes No

In the event of a life-threatening complication, do you want us to perform CPR on your pet? Yes No

(Additional charges will occur that will not be included on the estimate provided.)

Current medications _____ Current allergies _____

Reason for visit _____

Past problems or illnesses _____

How did you hear about us? _____

Primary veterinarian

Name _____

Clinic name _____

Phone number _____

Fax number _____

Additional veterinarian or specialist _____

BluePearl staff to complete

Client name _____ Patient number _____

Wt _____ T _____ HR _____

RR _____ MMs _____ CRT _____

BCS _____ /9 Pain scale (0-4) _____

Reception review _____ Technician review _____

Initials

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AUTHORIZATION: I hereby authorize BluePearl Specialty + Emergency Pet Hospital to examine, prescribe for, and/or treat the above described pet. I, as the owner or person acting on behalf of the owner, assume responsibility for all charges incurred in the care of this animal. I acknowledge a deposit will be required prior to diagnostic testing, treatment or surgery. Estimate may change upon changes in my pet's condition or medical needs. The balance of the bill is due upon the completion of my pet's visit. I certify that I am older than 18 years old and legally competent to sign this form.

Signature _____ Date _____