New Patient and Client Information Form

Welcome to Eyeshine Veterinary. Please fill out both sides of this form to provide us with a little more information about you and your pet. If you have any questions, please do not hesitate to ask. Thank you.

Your Information

Your name: _____

Preferred name if different: _____

Name of a Partner/Spouse/Other Authorized Caregiver for Patient_____

Street Address: _____

City/State/Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Please check your preferred method of communication: Email ☐ Call ☐
(circle preferred phone #)

Your Pet's Information

Name: _____ Age / Date of Birth: _____

Species: Dog ☐ Cat ☐ Horse ☐ Other: _____ Breed: _____

Sex: Male ☐ Female ☐ Spayed/Neutered: Yes ☐ No ☐ Color:_____

Reason for your visit today: _____

Known Medical Conditions: _____

Please list any medications your pet is taking by mouth or topically: _____

_____

Primary Care DVM Information

Primary Care Veterinarian: _____

Clinic Name: _____

How did you hear about Eyeshine Veterinary? _____

STATEMENT OF OWNERSHIP AND CONSENT: I am the owner and/or agent of the above animal and have the authority to consent to diagnostic and therapeutic procedures for this pet provided by Eyeshine Veterinary. My signature indicates that I understand that with any medical or surgical procedures involves risk and that no warranty or guarantee is being made as to the results or cure. I understand I will be provided with a verbal and/or written estimate for any procedures, diagnostic tests, or treatments recommended during my pet's examination. I authorize Eyeshine Veterinary to communicate with and provide medical records to the primary care DVM listed above pertaining to my pet's healthcare. I understand that Eyeshine Veterinary does not bill for services and that all fees are to be paid in full at the time service is rendered. In the event any balance due is not paid as agreed, the undersigned agrees to pay all costs including unpaid balance, a 2% interest rate and collection fees, as well as a $25 fee for any returned check.

Owner/Authorized Caregiver Signature:

_____ Date: _____

Image and Media Consent: Please check and initial next to the appropriate box below to agree to Eyeshine Veterinary's image and media policy. This policy allows Eyeshine Veterinary and its agents to take photographs or likenesses of your pet. These images may be posted on Eyeshine Veterinary's website and/or social media and may also be used for such purposes as publicity, continuing education, advertising, publication, etc. If you do not wish for your pet's photograph to be taken and possibly used in the manner described above, please leave the following box blank. You may rescind your approval in writing at any time and no new uses of your pet's image will be created.

☐ Check box if agreeing to Image and Media Consent _____ (owner initials)

Thank you for allowing Eyeshine Veterinary to be part of your pet's Healthcare Team