NEW CLIENT FORM

VETERINARY SPECIALISTS OF NORTH TEXAS

	OWNER'S INFORMATION				
	Owner's Name:				
	Spouse/Partner:				
	Street Address:				
VSNT I	City, State, Zip:				
	Owner's Phone:				
	Preferred method	□ Phone			
	of contact:	🗆 Text			
Sara Allstadt, DVM Diplomate ACVIM		🗆 Email			
[Oncology]	PATIENT INFORMATION				
	Patient's Name:				
Samantha Bailey, DVM	Type: 🛛 Dog	🗆 Cat	DOB or age:		
Diplomate ACVIM	Breed:		Color:		
[Small Animal Internal Medicine]	Sex:	🗆 Male		Female	
		□ Male Ne	utered	□ Female Spay	yed
Derek Burney, DVM, PhD	History of Aggression:	Toward: 🛛	Dogs 🗆 C	ats 🛛 People	□ None
Diplomate ACVIM	Referring Doctor:				
[Small Animal Internal Medicine]	Hospital Name:				
	Reason for referral:				
Stephanie Cook, DVM,	Primary doctor (if different than above):				
Diplomate ACVR [Radiation Oncology]	LIFE-SAVING MEASURES				
[In the event of an emergency where my pet requires intervention, and I am unable to be				
Carlos Rodriguez, Jr., DVM, PhD Diplomate ACVIM [Oncology]	reached by the contact numbers I have provided; I hereby authorize the staff at VSNT to perform the following emergency procedures:				
	\Box Do Not Resuscitate (DNR)				
	Emergency Drugs/External Cardiopulmonary Resuscitation (CPR)				
	IMAGES				
Allison Wilson, DVM	Images of your pet may be used for educational or marketing purposes.				
Diplomate ACVIM	PAYMENT POLICY				
[Small Animal Internal Medicine]	Payment in full is due when services are rendered. A deposit may be required before extensive testing may be done. A detailed estimate will be provided prior to any procedures. To avoid misunderstandings,				
	please thoroughly discuss your pet's treatment plan and fees with the technician or doctor prior to				
4631 Citylake Blvd. West Fort Worth, TX 76132	approving any services. Checks, cash, and credit/debit cards accepted. A \$35 fee will be added to all returned checks.				
Phone: 817.263.4300	CLIENT AGREEMENT				
Fax: 817.263.4301	As a Client of VSNT, I, and anyone seeking treatment on my pet's behalf, agree to treat staff with				
vsnt.com	respect and dignity whether in the hospital or on the phone, use a normal tone of speech when				
Email:	speaking with the staff, and refrain from using profanity. If I fail to do so, I understand that I will be asked to seek treatment elsewhere. Please see vsnt.com for Arbitration Agreement.				
fortworth@vsnt.com www.vsnt.com	askeu to seek treatment (eisewitere. Pied	se see vsiit.com 10	A DILIATION Agreement	
	(Signature of responsible	narty: Must he a	t least 18 years of an	ne) Date	
•	(Signature of responsible	purty. Wust be u	LIEUST TO YEUIS OF US		