## NEW CLIENT FORM

VETERINARY SPECIALISTS OF NORTH TEXAS

	OWNER'S INFORMATION			
	Owner's Name:	_		
	Spouse/Partner:			
	Street Address:			
VSNT	City, State, Zip:			
	Owner's Phone:			
	Preferred method	□ Phone		
	of contact:	□ Text		
Sara Allstadt, DVM Diplomate ACVIM [Oncology]		🗆 Email		
	PATIENT INFORMATION			
	Patient's Name:			
Samantha Bailey, DVM	Type: 🛛 Dog	🗆 Cat	DOB or age:	
<b>Diplomate ACVIM</b> [Small Animal Internal Medicine]	Breed:		Color:	
	Sex:	□ Male		Female
		Male Net		Female Spayed
Derek Burney, DVM, PhD Diplomate ACVIM [Small Animal Internal Medicine]	History of Aggression:	Toward: 🛛	Dogs 🗆 Cats	□ People □ None
	Referring Doctor:			
	Hospital Name:			
	Reason for referral:			
Stephanie Cook, DVM,	Primary doctor (if different than above):			
<b>Diplomate ACVR</b> [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 ( <b>DNR</b> )			
	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]	<b>Payment in full is due when services are rendered.</b> 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	approving any services. Checks, cash, and credit/debit cards accepted. A \$35 fee will be added to all			
Fort Worth, TX 76132 Phone: 817.263.4300	returned checks. CLIENT AGREEMENT			
<b>Fax:</b> 817.263.4301				
vsnt.com	As a Client of VSNT, I, and anyone seeking treatment on my pet's behalf, agree to treat staff with 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.			
referrals@vsnt.com	asked to seek treatment e	elsewhere. Pleas	se see vsnt.com for Arb	Ditration Agreement.
www.vsnt.com				
I	(Signature of responsible	party: Must be at	t least 18 years of age)	Date