

NEW CLIENT FORM

VETERINARY SPECIALISTS OF NORTH TEXAS



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[Oncology]

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OWNER'S INFORMATION

Owner's Name: _____
Spouse/Partner: _____
Street Address: _____
City, State, Zip: _____
Owner's Phone: _____
Preferred method of contact: Phone Text _____
 Email _____

PATIENT INFORMATION

Patient's Name: _____
Type: Dog Cat DOB or age: _____
Breed: _____ Color: _____
Sex: Male Female
 Male Neutered Female Spayed
History of Aggression: Toward: Dogs Cats People None
Muzzle required: By owner Before treatment At all times
Referring Doctor: _____
Hospital Name: _____
Reason for referral: _____
Primary doctor (if different than above): _____

LIFE-SAVING MEASURES

In the event of an emergency where my pet requires intervention, and I am unable to be reached by the contact numbers I have provided; I hereby authorize the staff at VSNT to perform the following emergency procedures:

- Do Not Resuscitate (DNR)
 Emergency Drugs/External Cardiopulmonary Resuscitation (CPR)

IMAGES

Images of your pet may be used for educational or marketing purposes. YES NO

PAYMENT POLICY

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 approving any services. Checks, cash, and credit/debit cards accepted. A \$35 fee will be added to all returned checks.

CLIENT AGREEMENT

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 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.

(Signature of responsible party: Must be at least 18 years of age)

Date