

# Fredonia Veterinary Clinic

# Client Intake Form- Small Animal

## Owner Information

First Name:	Last Name:	M.I.:
Mailing Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:
<b>Email:</b>	Employer:	
Add'l Owner(s):		
Mailing Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:

## Agent Information

Other than you and any additional owner(s) listed above, are there any other persons to whom you give primary responsibility for the care of the patients? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you have checked "Yes" above, please list the name, telephone number, and address for such other persons in the order you wish for us to contact them in the event that you or the co-owner(s) is not available (all authorized agents must be at least 18 years old):
1.
2.

## Patient Information

Pet's Name: _____	Species: Canine Feline <input type="checkbox"/> Other
Breed: _____	Male <input type="checkbox"/> Neutered <input type="checkbox"/>
	Female <input type="checkbox"/> Spayed <input type="checkbox"/> Color: _____ Birthdate/Age: _____

### Informed Consent

I understand that my veterinarian will need to communicate with me, or someone designated by me, prior to treatment of my animal(s) in order to obtain informed consent. For purposes of obtaining informed consent, I direct my veterinarian as follows:

Informed consent may only be provided by me: Yes \_\_\_\_\_ No \_\_\_\_\_

Informed consent may be provided by me or the co-owner(s) above: Yes \_\_\_\_\_ No \_\_\_\_\_

Informed consent may also be provided by the agents above, in the order listed: Yes \_\_\_\_\_ No \_\_\_\_\_

Please list any special directions regarding who my veterinarian should contact to obtain informed consent in an emergency if I, any co-owner, and my authorized agents are not available: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I further acknowledge that no guarantee has been made as to results that may be obtained. I understand that complications may arise which cannot be predicted and that I will be held financially responsible for any veterinary medical care necessitated by complications.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about us? We like to thank people who refer others to us.  Word of Mouth  Google  Facebook  
 phone book (circle) Yellow Pages Ozaukee or Washington  other \_\_\_\_\_  Friend / Relative \_\_\_\_\_

Do you give us permission to use photos or video of you and/or your pets for use on our website, social media pages, and in advertisement?  Yes! Show off my pet!  Please don't use media of my pet