

PORT VETERINARY CLINIC

Patient Intake Form (Non Food and Fiber Patients)

Owner Information

First Name:	Last Name:	M.I.:
Mailing Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:
Email:	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 patient? <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.
3.

Patient Information

Pet's Name:	Species:	<input type="checkbox"/> Canine	<input type="checkbox"/> Feline	<input type="checkbox"/> Other		
Breed:	M <input type="checkbox"/>	Neutered <input type="checkbox"/>	F <input type="checkbox"/>	Spayed <input type="checkbox"/>	Color:	Birthdate or Age:

Informed Consent

I understand that my veterinarian will need to communicate with me, or someone designated by me, prior to treatment of my pet(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
- Informed consent may be provided by me or the co-owner(s) above
- Informed consent may also be provided by the agents above, in the order listed:

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: _____