RAMSGATE
VETERINARY CLINIC

Welcome

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form completely. Thank You!

Date: _____ DL# _____ State of Issue: _____
Last Name: _____ First Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email: _____ (*Please provide for special deals and discounts)
Spouse Name: _____ Spouse Phone: _____
Emergency Contact: _____ Phone: _____

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet(s). I assume responsibility for all charges incurred in the care of this animal. I understand that all charges are to be paid at the time of services rendered and that a deposit may be required for emergency or surgical treatment(s).

Signature of Owner: _____ Date: _____

Method of payment:
☐ Cash ☐ Check ☐ MasterCard ☐ Visa ☐ Care Credit ☐ Other

Records Release

By signing this form, I authorize release of my pet(s) medical records, including but not limited to, progress notes, operative notes, laboratory test results, diagnostic tests, and x-rays. This release is to remain in effect until further notice by me in writing. This is to be administered at the Dr.'s discretion.

_____ _____
Signature Date

Misc. Information

Would you like to receive a monthly newsletter from our clinic about different pet information?

☐ **Yes** ☐ **No**

Would you like to receive your reminders VIA e-mail? This can be for annual vaccinations, tests, and even a monthly reminder for your heartworm and flea treatments.

☐ **Yes** ☐ **No**

How did you hear about our clinic?

_____

Thank you again for allowing us to provide your pet with its care.

The Staff of Ramsgate Veterinary Clinic