PORT VETERINARY CLINIC

Patient Intake Form

(Non Food and Fiber Patients)

Mailing Address: City: State: Zip:	Owner Information				
City: State: Zip:	First Name:	Last Nan	ne:	M.I.:	
Home Phone: Work Phone: Cell Phone:	Mailing Address:				
Email: Employer: Add'I 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? Use 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 Per's Name: Species: Canine Deline Other M	City:		State:	Zip:	
Add'T Owner(s): Mailing Address: State: Zip:	Home Phone:	Work Phone:		Cell Phone:	
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? 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: Camine Feline Other Breed: F Spayed Color: Birthdate or Age: Informed Consent Informed Consent Informed Consent may any be provided by me Informed consent rany and personal perso	Email:		Employer:		
City: State: Zip: Home Phone: Work Phone: Cell Phone:	Add'l Owner(s):				
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Patient Information Pet's Name: Species: Canine Feline Other Breed: F Spayed Color: Birthdate or Age: Informed Consent Informed Consent Informed Consent may only be provided by me purposes of obtaining informed consent may also be provided by me or the co-owner(s) above Informed consent may be provided by me or the co-owner(s) above Informed consent may be provided by me or the co-owner(s) above Informed consent may be provided by me yeterinarian should contact to obtain informed consent in an emergency if I, any co-owner, and my authorized agent available: Infurber 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 held financially responsible for any veterinary medical care necessitated by complications. Signature: Printed Name: Date:	Other than you and any addition		are there any other p	ersons to whom you give primary responsibility for the care of the	
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Pet's Name:	1.				
Patient Information Pet's Name: Species: Canine Feline Other M Neutered Spayed 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 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 gents 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 agent available: If 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 held financially responsible for any veterinary medical care necessitated by complications. Signature: Printed Name: Date:	2.				
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Pet's Name:	3.				
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Witness Signature: Printed Name: Date:	Signature:	Printed Name:		Date:	
Witness Signature: Printed Name: Date:					
	Witness Signature:	Printed N	lame:	Date:	

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