

Client Information Form

Farnam Pet Hospital | Omaha, Nebraska

Last Name _____ First Name _____ Initial ____

Date _____

Driver's License # _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Spouse or co-owner _____

How did you learn about our practice?

Notify in case of emergency: _____

Phone _____

Email _____

PET INFORMATION

Pet's Name _____

Species

- Dog
- Cat
- Other

If "other," please specify: _____

Age/Birthdate

Sex

- Male
- Female

Breed

Color

Neutered/Spayed

- Yes
- No

Age when neutered/spayed _____

Where did you obtain this pet?

- Friend
- Breeder
- Pet Shop
- Humane Society
- Other

If "other," please specify _____

At what age (specify months/years) was this pet obtained? _____

For what purpose was this pet obtained?

- Companionship
- Protection
- Breeding
- Show
- Other

If "other" please specify _____

Diet (kind of pet food) _____

Pet's history -- check all that pet has received:

- DHLPP (Distemper--Dog)
- Parvovirus (Dog)
- Feline leukemia test (Cat)
- FVRCP (Infectious diseases--(Cat))
- Rabies (Dog/Cat)
- Dentistry

Describe any prior illness:

Describe any prior surgery:

Reason for pet's visit:

Second Pet's Name _____

Species

- Dog
- Cat
- Other

If "other," please specify: _____

Age/Birthdate

Sex

- Male
- Female

Breed

Color

Neutered/Spayed

- Yes
- No

Age when neutered/spayed _____

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Describe any prior illness:

Describe any prior surgery:

Reason for pet's visit:

IMPORTANT NOTICE

By entering my signature below, I affirm that I have read and understand the following:

CONSENT

- I, the owner or the agent for the owner of this animal authorize the veterinarians and staff of Farnam Pet Hospital to perform the procedure(s) recommended and use all related medications, tests, and treatments.
- I understand payment is due at the time of service. I may request an estimate before treatments are performed if desired.
- I understand the risks related to immunization and the signs of an allergic reaction that would require emergency medical treatment have been explained to me.
- I understand the CDC's recommendation on strategic deworming and parasite prevention.
- I understand that all payment is due the day services are rendered. Interest on accounts unpaid for more than 30 days will be charged at a rate of 1.5% per month, which equals 18% per year.
- By entering my name below and submitting this form and waiver, I give Farnam Pet Hospital the right to use my pet's picture and information that I provide to the hospital (via story for Facebook, blog or newsletter, or via testimonial) for reproduction in any medium including but not limited to: website, video, broadcast, print, and electronic means for purposes of advertising, trade, display, exhibition or editorial use. Further, I also (i) agree to release Farnam Pet Hospital from all claims for libel, slander, invasion of privacy, infringement of copyright or right of publicity or any other claim and (ii) confirm that I am over the age of 18 years old.

PET OWNER'S SIGNATURE _____