



Gentle Doctor Animal Hospital



(Dedicated to Quality Pet Care)

NEW CLIENT INFORMATION

WELCOME TO GENTLE DOCTOR ANIMAL HOSPITAL. OUR GOAL IS TO PROVIDE YOUR PET WITH THE BEST MEDICAL CARE POSSIBLE. PLEASE COMPLETE THIS FORM SO WE MAY BETTER SERVE YOU.

Owner's Name _____ Social Sec.# _____
 Address _____ Home Phone _____
 Employer _____ Zip Code _____
 Spouse's Name _____ Business Phone _____
 Spouse's Employer _____ Business Phone _____
 Email Address _____

REFERRED BY

Phone Book Gentle Doctor Website Internet Sign
 Friend _____ Other _____

PET INFORMATION

	NAME	BREED	COLOR	SEX	DATE OF BIRTH	SPAY/NEUTER
#1						
#2						
#3						

PAYMENT POLICY

- **PAYMENT IS DUE IN FULL AT THE TIME SERVICES ARE RENDERED**
- **A 50% deposit on estimated charges is required on all hospitalized cases.**
- **We gladly accept Cash, Mastercard, Visa, Amex, Discover or Personal Checks (Pre-printed with a valid driver's license)**

AUTHORIZATION FOR SURGICAL/MEDICAL TREATMENT

I, the undersigned, owner or authorized agent of the admitted patient, hereby authorize the admitting veterinarian (and her/his designated associates or assistants) to administer such treatment, and additional procedures as are considered therapeutically and/or diagnostically necessary. I also consent to the administration of such anesthetics as are necessary.

I further understand that no guarantee of successful treatment is made, and that risks and probabilities of complications exist in any surgical or medical treatment. I understand that charges are made for services rendered, and that payment for such charges is due and payable at the time they are rendered, or prior to discharge of the animal from the hospital.

Any animal not picked up within the time required by Statute No. NAC 638.051 of the Nevada State Board of Veterinary Examiners shall be deemed abandoned by the Owner and will be disposed of according to said statute.

Gentle Doctor Animal Hospital is a full-service veterinary practice, yet our facility is not staffed 24 hours per day. If we determine that your pet requires continuous monitoring and/or care, we will advise you of this and recommend continued evening care through the Las Vegas Animal Emergency Hospital.

I understand this action will not, however, relieve me from paying all charges rendered, all legal and/or court costs and collection agency fees incurred in connection with collection of services.

(Signature of Owner)

(Date)