

## Camden – Inner Harbor Veterinary Services

Thank you for choosing Camden – Inner Harbor. Please take a moment to familiarize us with you and your pet. For your convenience you may print our Client Information Form and complete it before your pet's first appointment with us.

Date: \_\_\_\_\_

### Owner Information

Your Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Emergency Contact Person and Phone number: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Other Names on this Account: \_\_\_\_\_

Do you qualify for our senior discount (62 years or older)?:

Yes, I and/ or my spouse/partner qualify for the discount

### Pet Information

Name of your pet that we are seeing today: \_\_\_\_\_

Canine  Feline  Other \_\_\_\_\_

Breed: \_\_\_\_\_

Male

Female

Color: \_\_\_\_\_

Neutered

Spayed

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Is your pet currently taking medication:  Yes  No

If yes, what medication is your pet taking and for what condition? \_\_\_\_\_

Anything special we should know about your pet? \_\_\_\_\_

Previous veterinary hospital (if transferring): A copy of your pet's previous medical record will be appreciated.

How did you hear about us?

Maryland Pet Gazette

Referral, By Whom? \_\_\_\_\_

Yellow Pages

Payment is expected at the time of service. Method of payment for today's services:

Cash     Debit Card (or Credit Card: Amex, Visa, MasterCard, Discover)

For office use only: Client # \_\_\_\_\_ W/C  R/C# \_\_\_\_\_ C/S

### Additional Pet Information

Name of your pet that we are seeing today: \_\_\_\_\_

Canine     Feline     Other \_\_\_\_\_

Breed: \_\_\_\_\_

Male                       Female

Color: \_\_\_\_\_

Neutered                   Spayed

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Is your pet currently taking medication:  Yes     No

If yes, what medication is your pet taking and for what condition? \_\_\_\_\_

Anything special we should know about your pet? \_\_\_\_\_

Previous veterinary hospital (if transferring):  
\_\_\_\_\_

Name of your pet that we are seeing today: \_\_\_\_\_

Canine     Feline     Other \_\_\_\_\_

Breed: \_\_\_\_\_

Male                       Female

Color: \_\_\_\_\_

Neutered                   Spayed

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Is your pet currently taking medication:  Yes     No

If yes, what medication is your pet taking and for what condition? \_\_\_\_\_

Anything special we should know about your pet? \_\_\_\_\_

Previous veterinary hospital (if transferring):  
\_\_\_\_\_

**Consent for Treatment:**

I am the owner, or an authorized representative of the owner, of the animal presented, have the authority to execute this Consent and am at least 18 years of age. I authorize and direct Dr. John Slaughter of Camden – Inner Harbor Veterinary Services and any designated assistant(s), to administer treatment as needed in her/their professional judgment on the basis of the findings during the course of evaluation, including without limitation, prescribing medication, testing and other diagnostic procedures as may be advisable for the animal's well being. I understand that I will be advised as to the nature of the treatment being performed, and that I have been advised of and am fully informed of the risks involved and I am responsible for the decisions taken. I understand that no warranty or guarantee is made as to the results or cure.

An estimate of these fees will be provided at my request for the initial assessment and treatment for the animal presented. I realize that actual fees may differ from the estimate dependent on the animal's condition. I will be responsible for monitoring the ongoing fees and will be fully responsible for all fees incurred through the animal's diagnosis and treatment at the conclusion of the visit. I have read and understood this consent.

\_\_\_\_\_  
Signature of owner or agent / Date