



## New Client/Patient Information

Date:

Last Name:

First Name:

Address:

Apt #:

City:

State:

Zip Code:

Cell Phone:

Carrier (for text): ATT Verizon Other:

Home Phone:

Work Phone:

Email address(s):

Co-Owner Name:

Cell Phone:

Caregiver:

Cell Phone:

### How did you hear about us?:

Goggle/Search

Passing By/Neighborhood

Our Website

Current Client (Who may we thank?):

Veterinarian or Veterinary Specialist (Who may we thank?):

Other:

Former/Other Veterinarians and Specialists you would like to inform us of:

(If desire updated records to be sent to any of the above, please give fax number or email address to TVW for this purpose)

### Patient/Pet(s) Information (please fill out separately for each pet):

#### Name:

Species:

Breed:

Color:

Date of Birth:

Circle:

Exact

Unknown/Approximate

Sex (circle one choice): M

F

M-neutered

F-Spayed

**Name:**

Species:

Breed:

Color:

Date of Birth:

Circle:

Exact

Unknown/Approximate

Sex (circle one choice): M

F

M-neutered

F-Spayed

**Please Note:**

If your pet is being admitted to our hospital for a "Drop-Off" Appointment, or here for a Video Appointment, we will automatically initiate any needed emergency diagnostics and therapeutics, for which you will be financially responsible. We will not proceed further until we have attempted to reach you to explain the next course of action, however, if you are not reachable, we will proceed to care for your pet to the best of our abilities, again, for which you will be financially responsible.

Both patient care priority and communication priority will be given to patients with the most medically critical conditions, as it is our ethical obligation and charge to care for them first. Since patient care must be our top priority, communication is second. In order to help best balance these, please allow our support staff to inform you with progress reports along the way, as it allows the veterinarian to focus on caring for and attending to all pets within a given day. In addition, typically a good time to try to reach out for an update from our staff is between 2:30-3:30 pm. If the veterinarian is with patients when you call, another of our support staff will relay messages with updates and help to coordinate with you all which is needed for your pets' care.

**\*\*All fees are due at the time services are performed.\*\***

I am the owner or appointed agent for the pet(s) listed above and I accept full financial responsibility for the work undertaken on behalf of my pet(s), including, but not restricted to, all examinations, diagnostic tests, vaccinations, treatments, and veterinary medical care administered by Tribeca Veterinary Wellness.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_.