



**WILDCAT · DREXEL · PAOLA
VET CLINIC**

Client Information

Form

Our purpose is to

provide a complete,
whole-hearted

veterinary experience tailored for individual clients and their animals.

Your Name

Primary Phone

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Secondary Contact

Secondary Phone

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Mailing Address

City, State, Zip

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Physical Address (is different from above)

City, State, Zip

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Email Address (please print clearly)

Secondary Email Address (please print clearly)

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Driver's License #

Date of Birth

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Emergency Contact

Emergency Contact Phone

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Patient Information

Name	Breed	Color	Age	Sex	Altered?

Others authorized to request treatment:

Name

Over 18 (Y/N)

Can They Make Medical Decisions (Y/N)

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Name

Over 18 (Y/N)

Can They Make Medical Decisions (Y/N)

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CONFIDENTIAL

Revised 04/27/2023



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Social Media

Here at Wildcat, Drexel Clinics, we like to

and clients by sharing pictures on our website and social media channels. Do you authorize our

veterinary clinic to use any photos of you and/or your pets taken during your visit with us? **Yes**

No

Permission Waiver:

and Paola Veterinary celebrate our patients

Client Code of Conduct:

We ask that clients please **DO** the following:

- Disclose relevant, accurate, and complete information about your pet's temperament, health, and history.
- Have each patient seen within 12 months to maintain a valid Veterinary, Client, Patient Relationship as required by law to dispense medications (including flea/tick/heartworm prevention).
- Treat staff, patients, and other clients with respect.
- Meet financial obligations and be forthright with financial limitations. Ask for an estimate if the cost of services is unclear.
- Recognize the reality of risks and limits of the science of veterinary medicine.
- Work together with veterinarians and staff to develop and carry out agreed-upon treatment plans.
- Maintain adequate restraint of your pet while in the clinic.
- Address clinic management with any issues that may arise.

Clients **MUST REFRAIN** from the following behaviors:

- Verbal abuse, malicious or harmful statements about others, profanity or disrespect.
- Any form of harassment.
- Discriminatory comments or actions.
- Intimidation tactics and/or making threats.
- Allowing your pet to intimidate or threaten a person or another pet.
- Being under the influence of alcohol or behavior-altering drugs.
- Failure to comply with requests of staff, including leashing/restraining your pet.

Authorization:

I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pets. I assume responsibility for all charges incurred in the care of the animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Signature of Responsible Agent for Pet(s)

Date

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