

# Pieper Veterinary - Primary Care

## New Client/Patient Form



**Primary Owner** *Financially responsible and only person authorized to make account changes, unless otherwise noted.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Preferred Contact Method: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### **Secondary Owner/Co-owner**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relation to Primary: \_\_\_\_\_

### **Pet Information**

Name: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age or DOB: \_\_\_\_\_

Sex:  Female  Male Has your pet been spayed or neutered?  Yes  No

Medical Conditions, Allergies, \_\_\_\_\_  
Relevant Comments: \_\_\_\_\_

Do you have pet insurance? *Please list company:* \_\_\_\_\_

### **Payment Policy**

I assume full responsibility for all charges incurred in the care of my pet(s). I understand that full payment is expected at the time services are rendered. I also understand that, should my pet require hospitalization, I will be provided with an estimate of fees for medical care. I will have the opportunity to approve or decline all recommended procedures or medications. The estimate will be adjusted to reflect only the services that I wish to pursue. Upon approval of the estimate, a deposit is required to begin diagnostics and treatment on my pet. **THE BALANCE IS DUE AT DISCHARGE.** If I cannot meet this requirement, Pieper-Olson has staff members who can assist me in applying for CareCredit. If I have any concerns, I can speak to the reception staff.

I have read, understand, and agree to the above terms fully and hereby authorize Pieper-Olson to examine and treat my pet.

Signature of Primary Owner: \_\_\_\_\_ Date: \_\_\_\_\_

-----*(Office use only below this line)*-----

Account ID: \_\_\_\_\_ Receptionist: \_\_\_\_\_

Status:  Updated  Pending Primary's Approval  No changes made