

# Palms West Veterinary Hospital

556 Folsom Road, Loxahatchee, FL 33470

Phone: (561) 798-2780

## NEW CLIENT INFORMATION SHEET

### CLIENT (OWNER)

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

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

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

Email Address: \_\_\_\_\_

### PATIENT (PET)

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Age/Date of Birth: \_\_\_\_\_ Microchip Number: \_\_\_\_\_

Species: (DOG) (CAT) (OTHER) Sex: (MALE) (FEMALE) Spayed/Neutered: (YES) (NO)

Current Medications: \_\_\_\_\_

**Please circle ANY of the following symptoms that your Pet may be experiencing:**

Behavioral Changes   Depression   Weight Loss or Gain   Weakness   Loss of Appetite   Gagging  
Vomiting   Diarrhea   Breathing Issues/Coughing/Sneezing   Thirst   Increased Urination   Seizures  
Limping   Other: \_\_\_\_\_

**PRIMARY CARE VETERINARIAN:** \_\_\_\_\_

### AUTHORIZATION

I, the undersigned, owner of admitted patient or current guardian of patient, hereby authorize Palms West Veterinary Hospital and/or any authorized staff, to administer such treatment as is necessary, and to perform such additional procedures as are considered therapeutically and/or diagnostically necessary, and certify that no guarantee or assurance has been given as to the results that may be obtained. Further, I assume all financial responsibility for the charges incurred to this patient, consent to release medical information and authorize direct payment to Palms West Veterinary Hospital. I understand that I am fully responsible to pay for my examination today as well as any additional diagnostics, testing, or treatments that are provided to my pet. By signing this form, I realize that if I fail to pay today, I am liable for all collection costs, up to 100%, incurred for this account. We also have permission to use off-label medications as deemed necessary.

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

**Additional Release:** I consent to have photos and/or case study information pertaining to my Pet placed on our website or Facebook for education or informative purposes for our online users. Please circle one of the following:

(YES)   (NO)