NEW CLIENT INFORMATION FORM

Please provide complete information for you, your referring veterinarian and pet.

Do you currently have an appointment scheduled with a UVS veterinarian?

☐ Yes ☐ No

Client Information

Name (First & Last)

_____

Have you ever been to Upstate Veterinary Specialties?

☐ Yes ☐ No

Co-Owner

_____

Emergency Contact Name:

_____

Address

Street

_____

Emergency Contact Phone:

_____

City

_____

State

_____

Zip

_____

Primary Phone

_____

Secondary Phone

_____

Preferred Text Confirmation Phone

_____

Email

_____

Opt Out: ☐ I do not wish to receive text confirmations

Primary Veterinarian Information

A complete set of medical records is required prior to your appointment with a specialist. Please work with your primary veterinarian to make sure these records are received by UVS at least 48 hours before your appointment. Appointments without medical records will need to be rescheduled.

Primary Veterinary Office

_____

Primary Veterinarian

_____

Pet Information

Name

_____

Photo Release: may we use photo(s) of this patient and information about their case for Public Relations use?

☐ Yes ☐ No

Species (Please check one)

☐ **Canine** ☐ **Feline**

Breed

_____

Color

_____

Birthdate/Age

_____

Gender (Please select one)

☐ **Male Neutered** ☐ **Male Unaltered** ☐ **Female Spayed** ☐ **Female Unaltered**

Authorization for medical and/or surgical treatment and financial responsibility ☐

I hereby authorize the doctor and designated technicians on duty to administer treatments considered therapeutically necessary. I understand that the estimated fee is based on treatment deemed necessary at the time of admission. In many cases it is impossible to determine in advance full cost of diagnostics and treatment. I understand that all fees are to be paid in full at the time of service. I understand that the hospital requires 24 hours notice for a cancelled appointment, otherwise, I will be responsible for the cost of the appointment time.