

CLIENT MEDICAL REGISTRATION FORM



JET CITY ANIMAL CLINIC
822 12th Avenue
Seattle, WA 98122
P 206.329.0253 – F 206.329.0239
www.jetcityanimalclinic.com

MEDICAL RECORD - HOSPITAL USE ONLY

CLIENT ID # _____
EMAIL ENTERED _____
REFERRAL RECORDED _____
REMINDERS ENTERED _____
SCANNED INTO CS _____
WELCOME CARD _____

Welcome to our medical family!

DATE: _____

To help us provide the best care, please complete the following:

CLIENT NAME (Owner's Name):

PATIENT NAME: _____

Species: K9 FEL Breed: _____

Primary Phone: _____
(circle) CELL HOME WORK

Birthdate/Age: _____ Color: _____

Alternate Phone: _____
(circle) CELL HOME WORK

Gender: M F Spayed/Neutered: Y / N

ADDRESS: [IS PHYSICAL/MAILING THE SAME: Y / N]

Known Allergies / Medical Conditions / Medications:

Email Address:

DO YOU HAVE OTHER PETS: Y / N

NAME AND LOCATION OF PREVIOUS VETERINARY CARE:

NAME OF ADDITIONAL PERSON TO BE LISTED ON ACCOUNT:
(Spouse/Partner/Roommate/Etc.)

MAY WE CONTACT FOR RECORDS: Y / N

HOW DID YOU HEAR ABOUT US?

(Personal Referral, Facebook, Yelp, Google Search, Drive-By, etc)
If a personal referral, please list their name so we can thank them!

TREATMENT AUTHORIZATION and INFORMATION/PHOTO RELEASE

I hereby authorize Jet City Animal Clinic (JCAC) to perform medical and initial diagnostic/surgical procedures on this animal as required for diagnosis and treatment. I understand that I can terminate treatment at any time by contacting the doctors and assistants.

JCAC and it's staff are leaders and teachers in the veterinary medicine field, thus case information and/or photos may be used in teaching, forms continuing education, web site, veterinary literature, and the like. I authorize the release of case/patient information for such purposes.

In the event that I sell this animal to another owner, I authorize release of medical information to the new owner.

FINANCIAL POLICY

Payment is due as services are rendered. For hospitalized/admitted cases, a deposit is required in advance. The balance is due upon discharge from the hospital. Payments can be made by cash, personal check (with proper identification), and accepted credit cards, including Care Credit. If payment arrangements are needed, the undersigned realizes that they must be agreed upon prior to admitting patients. In order to avoid misunderstandings, please let us know immediately if these terms are not satisfactory.

I have read and accept the preceding obligations.

OWNER(S) SIGNATURE: _____

DATE: _____