

Welcome To Our Practice!
Broadway Veterinary Clinic

Today's Date _____

Owner Information

Owner: _____

SS#: _____

*SS# is **REQUIRED** to become a client!*

Address: _____ Apt: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Occupation: _____

Employer: _____

Work Phone: _____

E-Mail: _____

Co-Owner: _____

SS#: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Occupation: _____

Employer: _____

Work Phone: _____

E-Mail: _____

Would you prefer to receive vaccine reminders by mail or e-mail? _____

Patient Information

Species (ex: dog, cat): _____

Pet's Name: _____

Birthday: _____

Gender: _____

Breed: _____

Color: _____

Spayed/Neutered: _____

Vaccination History

Previous Veterinarian: _____

Dogs List Dates

DHLP: _____

Parvo: _____

Corona: _____

Lyme: _____

Bordatella: _____

Rabies: _____

Cats List Dates

FVRCP: _____

Leukemia: _____

Calicivirus: _____

FIP: _____ FIV: _____

Bordatella: _____

Rabies: _____

Please list any prior illnesses, surgery or severe injuries: _____

History of drug/vaccine reactions?: _____

Reason for today's visit: _____

What brand of pet food does your pet eat?: _____

How did you hear about us?: _____

Please Complete Reverse Side

In order to keep costs at a minimum, all professional and hospital fees are due at the time services are rendered and must be paid in full. Estimates are available upon request before services are rendered. A deposit may be required for any patient requiring hospitalization. For your convenience we accept the following: cash, personal check, Visa, Mastercard and Discover. Emergencies must be stabilized before an estimate can be established; if cost is an issue please tell the receptionist before emergency treatment is performed. YOU ARE RESPONSIBLE FOR THE COST OF EMERGENCY TREATMENT WHEN YOU BRING A PET IN!

Owner's Signature: _____
Driver's License Number: _____ State: _____

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, ALL ANIMALS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES. I AUTHORIZE THE VETERINARIAN TO PROVIDE VACCINES AND PARASITE CONTROL AS NEEDED FOR MY PET.

Owner's Signature: _____

Holiday Kennels

All pets are being boarded without liability on the part of the kennel for loss or damage from disease, death, running away, theft, fire, injury to persons, other pets or property by said pet, or other unavoidable causes, due diligence having been exercised by kennel personnel.

Should the pet become seriously ill, the owner will be called. If the owner cannot be reached, the veterinarian on the premises will administer medical services with all expenses charged to the owner.

If the pet is found to have either internal or external parasites, it will be treated at the owner's expense.

If the pet is not picked up within 10 days of the anticipated discharge date, the kennel reserves the right to dispose of the animal pursuant with Kentucky State Law KRS 257.100 (3). The owner will be notified by certified mail at the given address before any action is taken to dispose of the animal.

The owner represents that he/she is the legal owner of said pet and that title to said pet is not mortgaged in any way.

Broadway Veterinary Clinic will not be responsible for any belongings that you bring with your pet. If you bring a special diet with your pet, it will be fed to your pet, but if we run out of your food, we will have to feed the hospital/kennel food that we provide.

I hereby agree to the foregoing as owner/guardian of the pet.

Owner's Signature: _____ Date: _____

Release of Medical Records

Recent changes in laws prohibit veterinary clinics from releasing any medical records to anyone without the written consent of the owner. By signing below, you give permission for medical records to be released to grooming facilities, veterinary clinics, boarding/kennel facilities and/or trainers.

Owner's Signature: _____ Date: _____