



Client Information Sheet

Pet Owner Information:

Has your pet previously been a patient of one of our Specialists before? Yes No

Name of Owner _____

Address _____

City _____ State _____ Zip _____

Primary Phone (____) _____ - _____ Secondary Phone (____) _____ - _____
 Cell Home Other _____ Cell Home Other _____

Email _____

Name of Co-Owner _____

Primary Phone (____) _____ - _____ Secondary Phone (____) _____ - _____
 Cell Home Other _____ Cell Home Other _____

Email _____

Patient Information:

Patient's Name _____

Species: Canine Feline Other _____

Breed _____ Color _____ Age/DOB _____

Sex: Male Neutered Female Spayed

Diet or brand fed _____

How often fed _____ When last fed _____

Referring/Regular Veterinarian:

Referring Veterinarian #1 _____ Hospital _____

Referring Veterinarian #2 _____ Hospital _____

Medical Information:

Are your pet’s vaccinations up to date? Yes No Year of last rabies vaccine _____

Please describe the current problem for which your pet is here

List medications being administered (including over-the-counter medications). Please include dosage, frequency, and duration that the medication has been administered to your pet

Has your pet had any allergies or drug sensitivities? If yes, please list medications and reaction

Has your pet ever had a previous surgery? If yes, please describe briefly

We love patient stories!

Do we have your permission to share your pet’s image and story on our social media and/or website? Your name and personal information will never be shared, we only use your pet’s first name.

Yes No

How did you hear about our hospital?

My Veterinarian Friend Internet Magazine Other _____

Signature of Owner
or Responsible Agent _____

Date _____

Patient Care Practice Policies

One of the most important criteria for the delivery of veterinary medical care from veterinarians and staff members at Salt River Veterinary Specialists is an understanding of our patient care practice principals. Please be aware of the following practice policies as a client of Salt River Veterinary Specialists to navigate your pet's care in collaboration with us:

- Patient health outcomes are impacted by adherence to the care plan prescribed by our doctors. Compliance with medications, diet, monitoring lab work, and recommended follow-up appointments is an essential part of your pet's care.
- It is imperative that there is mutual trust and respect between doctors, staff, and clients. Please maintain a respectful demeanor when communicating your needs and concerns to our staff. Disrespectful and inappropriate temperament will not be tolerated and will be grounds for dismissal from our practice.
- Our doctors dedicate their daily schedules to in-office appointments. Therefore, they may be unable to answer or return phone calls the same day. Our support staff works diligently with our doctors to address patient concerns as swiftly as possible but please understand same-day answers may not be possible due to emergent patients.
- Our doctors are unable to review follow-up lab work performed by an outside veterinarian after your initial consultation. We value the expertise of our colleagues and defer to their recommendations if they have ordered lab work for your pet. Recheck appointments are available for additional follow-up questions or concerns regarding lab work performed by an outside veterinarian.
- Salt River Veterinary Specialists is a specialty referral hospital, not an emergency clinic. We are not always able to arrange same-day urgent appointments once we reach capacity. Our doctor may need to refer your pet to an emergency clinic for urgent or emergency care when providing updates by phone regarding your pet's status.
- Payment in full is due at the time services are rendered. Should your pet need hospitalization, a prepayment will be required (payments may be made by cash, Visa, Mastercard, American Express, Discover, CareCredit, or Scratchpay).

By signing below, you acknowledge you will adhere to Salt River Veterinary Specialists' Patient Care Practice Policies.

Signature of Owner
or Responsible Agent _____

Date _____