



# WELCOME



Welcome to Piney Creek Square Integrative Veterinary Medicine (PCSIVM). We would like to thank you for giving us the opportunity to care for your pet. We will be more than happy to answer any questions you have about your pet's health. To insure the best care for your your pet, please take the time to fill out this form completely. Thank you.

## PATIENT/CLIENT REGISTRATION

Your Name/Title					Spouse/Other			
Address					City		Zip	
Home Phone					Cell Phone			
Your Email Address					Spouse/Other Email Address			
Your Employer					Employer Phone			
Spouse Employer					Employer Phone			
In case of EMERGENCY please call					at Phone Number			
How did you first learn of our hospital? We would like to thank any individual who referred you.								
<input type="radio"/> Hospital Sign <input type="radio"/> Email <input type="radio"/> Google <input type="radio"/> Nextdoor App <input type="radio"/> Social Media								
<input type="radio"/> Referred by: _____								

**In order to best serve the needs of your pet and should the need arise, are you interested in hearing about veterinary specialty referral?**

- \*Please Check One**
- ☐ I would prefer PCSIVM veterinarians handle my pet's care and trust their judgment for when a referral is needed
  - ☐ I would prefer my pet always be sent to a specialist for care as a first option for surgery or chronic medical conditions
  - ☐ I am not interested in taking my pet to a veterinary specialist

**Are you interested in alternative medicine such as acupuncture, massage, and laser therapy for your pet?** ☐ YES ☐ NO

**\* AT YOUR REQUEST WE WILL GLADLY DISCUSS COST OF SERVICES AND/OR PREPARE A WRITTEN ESTIMATE FOR RECOMMENDED PROCEDURES.**

**\* PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

**\* DEPOSITS MAY BE REQUIRED FOR PETS BEING ADMITTED.**

**We accept cash, checks drawn from a local bank, debit cards, VISA, MasterCard, Discover Card and CareCredit.**

To prevent the spread of infectious diseases and parasites, we recommend animals be current on all core vaccines, as stated by the American Veterinary Medical Association. Pets with fleas will be treated with a topical flea medication on admission and the prescription price will be included in the invoice. I authorize administration of vaccines and parasite control as needed for my pet(s).

In admitting my pet(s) for diagnostics, treatment, or surgery, I authorize the veterinarians of Piney Creek Square Veterinary Clinic, and their support staff, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary.

**We would love to share videos and/or pictures of you and your pet on social media or internet.**

**PCSIVM has permission to use (check all that applies):**

- ☐ Pets name& picture/video    ☐ Owners name and picture    ☐ I decline the use of pictures/videos at this time

**I HAVE READ AND UNDERSTAND THE ABOVE.**

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

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

**Please List Individual Pet Information On The Back Of This Form**

# ANIMAL IDENTIFICATION AND MEDICAL INFORMATION

*Please answer what you can. Our staff will do their best to answer any questions you may have filling out this form.*

	<b>PET # 1</b>	<b>PET # 2</b>	<b>PET # 3</b>
<b>Name</b>			
<b>Cat or Dog?</b>			
<b>Breed</b>			
<b>Description/color</b>			
<b>Age</b>			
<b>Date of Birth</b>			
<b>Sex/Altered?</b>			
<b>Length of Time Owned</b>			
<b>How Obtained?</b>			
<b>Microchip #</b>			
<b>Previous Hospital/Vet</b>			
<b>Groomer</b>			
<b>Kennel</b>			
<b>Prior Illness/Accidents</b>			
<b>Prior Surgery/Dentistry</b>			

*Please tell us of any other information we should have to best assist you and your pets.*
