


The Royal Treatment
Veterinary Center

NEW CLIENT FORM

Date _____

Section I: Client Information

Owner: _____ Co-owner/Spouse: _____

Address: _____ City: _____ State: _____ Zip _____

Employer's Name _____ Work Phone (_____) _____

Home (_____) _____ Cell (_____) _____ Email _____@_____

Best time to contact: A.M. P.M. on Home Work Cell Have owned pet for _____ yrs _____ mos

Section II: Patient Information

Name: _____ Age: _____ Sex: M F Neuter Intact Breed: _____ Color: _____

Medical Reason for Visit: _____ Referred by: _____

Behavioral Concerns or Issues: _____

Seeking: Full Integrative Veterinary Care? _____

Alternative Veterinary Consult/Treatment? _____

Physical Rehabilitation Consult/Treatment Only? _____

Diet: Dry Y N Amount: _____ Brand: _____

Canned Y N Amount: _____ Brand: _____

Raw Y N Amount: _____ Brand: _____

Homemade Y N Amount: _____ Brand: _____

Treats Y N Amount: _____ Brand: _____

Medications (please list below):

1. _____

2. _____

3. _____

4. _____


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Section III Medical History

Brief Medical History of Major Issues: _____

Current Vet: _____ **Phone:** (____) _____

Address: _____ **City:** _____ **State:** _____ **Zip** _____

All Previous Vets or Animal Hospitals that have seen this patient:

Name: _____ **City:** _____ **Phone:** (____) _____

Name: _____ **City:** _____ **Phone:** (____) _____

Name: _____ **City:** _____ **Phone:** (____) _____

Section IV Authorization

I, the undersigned, authorize the veterinarian, and the technicians and assistants whom they designate, to examine the animal specifically described and identified above; and to administer treatments that the veterinarian considers therapeutically or medically necessary. I understand that the treatment of the patient will be conducted with due care and in accordance with the prevailing standards of competency in veterinary medicine. I certify that no guarantee or assurance has been made as to the results that may be obtained through the course of treatment. I agree to pay all charges in full upon completion of Royal Treatment Veterinary Center treatments. I understand that I may pay by cash, check or credit card.

Signed _____ **Printed Name:** _____

I am aware that cancellations made less than 24 hours prior to an appointment are subject to a cancellation fee.

*Credit Card # _____ Exp Date: _____ CCV _____

***Credit Card information not required if submitting via email.**