



Southwest Veterinary Referral Center
New Client Information Form

Southwest Veterinary Surgical Service, P.C.
Southwest Veterinary Oncology, PLLC

Thank you for giving us the opportunity to care for your pet.
So that we may become better acquainted, please complete the following information.

Owner: (Last Name, First Name) Co- Owner: (Last Name, First Name)

Address: City: State: Zip:

Owner Information: Co-Owner Information:
Primary Phone: (Hm Wk Cell other)
Secondary Phone: (Hm Wk Cell other)
E-mail Address:
Drivers License:

Other Account Contacts: (May obtain medical information)

Pet Sitter: Phone No.
Friend: Phone No.
Other Family: Phone No.

Primary Care Veterinarian

Doctor's Name: Clinic Name:

Referring Veterinarian (if different from above)

Doctor's Name: Clinic Name:

PET INFORMATION

Patient Name: Species: Breed:
Color: Sex: Altered: DOB (or approximate age):
Reason for Visit: Duration of problem:
Current Medications/Dosages:
Known drug allergies:
Other Major Medical Issues:
Vaccination History (list vaccines and dates given):

I authorize and direct the veterinarians at the Southwest Veterinary Referral Center to examine, diagnose, prescribe, perform therapeutic procedures, and/or surgery that their judgment may dictate to be advisable for the patient's well being. No warranty or guarantee has been made as to the result or cure.

ALL FEES ARE REQUIRED TO BE PAID IN FULL UPON COMPLETION OF THE VISIT.

We accept cash, all major credit cards, Chase Healthcare, GE Care Credit, and checks with the required identification. There will be a service charge for any returned checks. A deposit is required at the time of admission and the balance paid in full at discharge. If you have any questions about the fees or the financial policy, please alert a staff member before services are performed. Accounts not paid within 30 days are subject to an interest finance charge. In the event any balance due is not paid as agreed, the undersigned jointly and severally agrees to pay all cost included in the unpaid balance, including a reasonable collection and /or attorneys' fees.

Southwest Veterinary Referral Center is comprised of multiple practices within the building. Charges that are assessed for your pet will be billed separately through each appropriate practice. If you have any questions, please be sure to ask one of our front desk staff.

Signature of Responsible Party: Date:
(Must be over 18 years of age)