



*Wildwood Veterinary Hospital 1115 Luchessi Drive, San Jose, California 95118 408.265.8811*

### **New Client Information**

Thank you for giving us the opportunity to help care for your pet. In order to serve you better, please fill out both sides of this form as well as the patient form.

Client Name \_\_\_\_\_

Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_ (mm/dd/yyyy)

*California state law requires us to have our clients' date of birth to dispense certain types of medication, such as pain-relievers, sedatives, and other controlled drugs.*

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Other Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_

Co-Owner Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_

Referred by \_\_\_\_\_

### **Hospital Disclosures**

*Please read and initial the following statements. Our staff is happy to explain any of these statements prior to your initialing if you have any questions*

**Restraint of Patient:** I understand that my pet(s) may act differently than he/she does at home, and there is a chance he/she may bite, scratch, or otherwise attempt to injure anyone, including myself, during handling.

I understand that I should not handle my pet(s) during any procedures; if I do, this waives liability of the hospital in the event that I am injured directly or indirectly by the actions of my pet(s) during said procedures.

Initials: \_\_\_\_\_

**Payment Due at Time of Service:** I understand that payment is due at time of service. I understand that the following forms of payment are accepted: Visa, Master Card, Discover, and cash. We do not accept checks or care credit.

Initials: \_\_\_\_\_

**Late or Missing Appointment Time:** I understand that any appointment missed or rescheduled with less than 24 hour notice will be subject to a fee. If I am 15 or more minutes late for my scheduled appointment, I may not be seen at that time and may have to reschedule my exam.

Initials: \_\_\_\_\_

**Extra Label Use of Drugs:** I understand that there are limited medications specifically licensed for use in exotic pets. I authorize the extra label use of medications on my pet(s).

Initials: \_\_\_\_\_

**Life-threatening Conditions / Resuscitation Orders:** I understand that some medical conditions may be life-threatening and impact the examination of my pet(s). If a life-threatening emergency is detected while my pet(s) is here, the staff of Wildwood Veterinary Hospital will try to stabilize him/her unless I initial the "Do Not Resuscitate" below.

DO RESUSCITATE: Initials: \_\_\_\_\_

DO NOT RESUSCITATE: Initials: \_\_\_\_\_

**No Overnight Staff:** I understand that Wildwood Veterinary Hospital is not a 24-hour hospital facility, and trained personnel will not attend boarded or hospitalized animals beyond regular office hours. I understand that I can request for my pet(s) to be transferred to an emergency veterinary hospital with 24-hour care if overnight hospitalization is required.

Initials: \_\_\_\_\_

**Photo or Medical Case Release:** Wildwood Veterinary Hospital may want to use pictures/and or information resulting from the veterinary care of my pet(s) on their website, social media sites, or for other educational and teaching purposes. Only my pet's name and medical condition will be used. Client name, address and other personal information will not be used. I understand that if at any time I choose to revoke permission for the use of my pet's photo or information, I must notify the hospital in writing.

I AGREE: Initials: \_\_\_\_\_

I DO NOT AGREE: Initials: \_\_\_\_\_

Thank you for choosing us to care for your pet(s)! Signature of financially responsible party:

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Client Printed Name \_\_\_\_\_

Reviewed and Entered by: \_\_\_\_\_