



Fetch Specialty & Cancer Veterinary Centers

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Client Registration Form

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

CLIENT INFORMATION

Last Name: _____ First Name: _____ Spouse/Co-Owner: _____

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

Phone Numbers: Cell: _____ Work: _____ Co-Owner: _____

Please check the primary contact number above

Email Address: _____ Employer and Address: _____

How did you hear about us: Google Ad Facebook Instagram LinkedIn Friend Walk-in Other: _____

What is the name and phone number of your Primary Vet Clinic? _____

What is the name of your Primary Veterinarian? _____

Were you referred to our office by another veterinarian? Yes No

What is the name and phone number of your Referring Vet Clinic? What is the name of your Referring Veterinarian?

Reason for today's visit? _____

PET INFORMATION

Name: _____ Species: Dog Cat Breed: _____

Color: _____ Date of Birth: ____/____/____ If unknown, approximate age: _____

Sex: Male Female Spayed/Neutered: Yes No How long have you owned your pet? _____

Is your pet up to date on vaccinations? Yes No Is your pet currently on any medication? Yes No

If yes, please list medications and their dosages:

Please list any prior illnesses, surgeries, or allergies:

I authorize the veterinarians of Fetch Specialty & Cancer Veterinary Centers to examine and provide emergency stabilization of (pet name) _____ and I am the rightful owner/agent of (pet name) _____. I understand that I am responsible for all professional fees including the exam and initial stabilization. I understand that I will receive a written estimate after my pet is examined/stabilized but it is only an estimate based on findings at the time of examination and the final bill may vary from the estimate.

By signing the estimate I will receive, I understand that I am responsible for all professional fees including but, not limited to, X-rays, hospitalization, laboratory tests, surgery and board and that these fees, less my deposit, are due when my pet is discharged. External parasite control for hospitalized animals will be performed at my expense. I also authorize the treatment of any anesthetic or sedation deemed advisable and to also perform such additional procedures as may be necessary based on findings from the surgery or procedure. The nature and purpose of the surgery or procedure, the possible alternative methods of treatment, the risks, and possible complications are fully understood by me. I realize that no guarantee or assurance of results can or has been given.

In the event that CPR (Cardiopulmonary Resuscitation) is required for my pet, I authorize the following **INITIALED** choice:

_____ YES, administer CPR to my pet

_____ NO resuscitation efforts, please humanely euthanize my pet

PAYMENT POLICY

Payment is due when services are rendered. This policy helps to control costs on which we base our fees. A deposit of the full low end of the estimate is required for all cases and procedures.

Please indicate your choice of payment method: Cash Check Credit Card Care Credit

Drivers License # _____ Exp Date _____

Note: A \$30 fee will be assessed for a returned check.

We will prepare a written estimate for services. We do not carry open accounts and hope the above alternatives are convenient for you.

FINANCIAL AGREEMENT AND AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, and treat my animal. I assume responsibility for all charges incurred in the care of my animal. I agree to pay any costs and charges necessary for the collection of any amount not paid when due. I am aware that Fetch, in accordance with the American Medical Association's code of professional ethics, will provide only such emergency treatment as they deem necessary and that my pet and all its pertinent records will be sent back to the veterinarian that referred me as soon as practical.

Signature of Owner or Authorized Agent X _____

Printed Name of Owner or Authorized Agent X _____

Today's Date _____

SOCIAL MEDIA AGREEMENT AND AUTHORIZATION

I give Fetch Specialty & Cancer Veterinary Centers permission to share photos of my pet and the case progress made here at the practice on their website(s) and general social media for the purpose of bringing awareness to available treatment options and advances in medicine. (INITIAL: ___)

We will gladly send you a notification if we use your photo so you can share it with friends and family.