



# NEW PATIENT FORM

UrgentVet | 140 S Power Rd | Mesa, AZ 85206 | 480-485-8556

## YOUR INFORMATION

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ FOR MEDICAL RECORDS ONLY / NOT FOR MARKETING PURPOSES

SPOUSE: \_\_\_\_\_ SPOUSE CELL: \_\_\_\_\_

What type of payment will be used?  Cash  Credit/Debit  Care Credit

Would you like us to send your pet's records to your general practice?  Yes  No Vet Name \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## PET'S INFORMATION

NAME: \_\_\_\_\_ AGE / DOB: \_\_\_\_\_

Dog  Cat Breed \_\_\_\_\_ COLOR: \_\_\_\_\_

Sex:  Male  Neutered |  Female  Spayed

Previous Health Issues: \_\_\_\_\_

**We would like your consent to share images of your pet on our website and social media. Your full name and personal information will never be used.**

May we use photos of your pets?  Yes  No

By selecting yes, you authorize Crown UrgentVet the right to use images of your pet for reproduction in any medium, including but not limited to; website, video, broadcast, print, and any electronic means for purposes of advertising, trade, display, exhibition or editorial use. Further you agree to release Crown UrgentVet from all claims for libel, slander, invasion of privacy, infringement of copyright or right of publicity or any other claim.

**Treatment Consent:** I hereby authorize the veterinarian to examine, prescribe for or treat the above-described pet or any additional pet(s) that I add to my account verbally. I assume responsibility for all charges incurred in the care of this animal. I understand that **PAYMENT IS ALWAYS DUE IN FULL AT THE TIME OF SERVICE.** I recognize that financial concerns should be discussed prior to exam and treatment. Trained personnel will not attend boarded or hospitalized animals beyond office hours.

### Resuscitation Orders:

In the event my pet's heart and/or breathing stop (cardiopulmonary arrest), resuscitation efforts according to the advanced directive below will be undertaken by the doctor(s) and/or staff of Crown UrgentVet. Furthermore, I understand that I will be responsible for any costs incurred in performing these measures:

Resuscitation orders for my pet:  Yes resuscitate my pet  Do **NOT** resuscitate

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