Disclosure

In admitting my pet(s) for diagnostics, treatment, boarding, training, or surgery, I authorize the veterinarian of Vetria Pet Wellness & Surgical Center, and their staff, to administer such treatment and/or perform such diagnostic, surgical procedures as deemed necessary. It is understood that an estimate of charges will be given for services on request. No guarantee or assurance can be made to the results that may be obtained. I fully understand there may be risk associated with any procedure. I understand that a deposit of 50% may be required before services performed and I assume full financial responsibility for charges incurred by my pet’s condition. I realize these charges may exceed a given estimate if complications arise I understand I will be contacted prior to treatment, if possible, should complications occur. All professional fees are due at the time the services are performed. Vetria does not sell, rent, loan, trade, or lease any personal information collected at our site, including membership forms or email lists.

Client’s Signature Date

Pet History

Is your pet current on VACCINES: Is your pet microchiped:

If yes, Where & when did they receive the vaccines:

What foods do your pet EAT:

Has your pet had any surgeries or procedures:

If yes, What were they and when:

does your pet have any know allergies:

If yes what are THe allergies:

Pet Information

Pets Name Breed:

Age/DOB Color: Species: Approx Weight:

Client Information (Please Print)

Client Name: Email address:

Client Address:

City: State: Zip:

Home Phone: Cell Phone:

Work Phone:

Spouse/Sig other Name: Cell Phone:

Emergency Contact Name: Phone Number: