

**New Patient Form** | Page 1 of 2

Thank you for trusting us with the veterinary care of your pet. So that we can become better acquainted and best serve your needs and expectations, please complete the following form. Completed forms can be faxed to (704) 949-1101 or emailed in advance to exotics@carolinavet.com.

Have you ever brought ANY pet to any Carolina Veterinary Specialists hospital in the past?	<input type="radio"/> YES <input type="radio"/> NO
Have you ever brought THIS pet to any Carolina Veterinary Specialists hospital in the past?	<input type="radio"/> YES <input type="radio"/> NO

CLIENT (OWNER) INFORMATION

Your name			Your date of birth (required for prescriptions)	/	/
Address	Street address				
	City, state, ZIP				
Please check your PRIMARY contact method(s) below ↓					
Phone (home)	()	<input type="radio"/>	Email address		
Phone (cell)	()	<input type="radio"/>	Occupation		
Phone (work)	()	<input type="radio"/>	Place of employment		

ADDITIONAL AUTHORIZED AGENT INFORMATION

Please list the name(s) and contact information of any other individuals over 18 years of age (eg. spouse), if any, that you wish to be listed as an Authorized Agent that can authorize urgent medical treatment changes and to whom we can release patient information if you are unavailable:

Name		Phone	()
Relationship		Email address	
Name		Phone	()
Relationship		Email address	

REFERRAL SOURCE OR REGULAR VETERINARIAN

If your pet has been examined by another veterinarian, please provide the following information:

Veterinarian's name		Okay to contact for information?	<input type="radio"/> YES <input type="radio"/> NO
Hospital name			
How did you hear about us?	<input type="radio"/> Vet referral <input type="radio"/> Our website <input type="radio"/> Internet (other) <input type="radio"/> Friend <input type="radio"/> Other:		

PET INFORMATION

Name of pet					
Species		<input type="radio"/> Dog	<input type="radio"/> Cat	<input type="radio"/> Bird	<input type="radio"/> Exotic Mammal <input type="radio"/> Reptile
Breed					
Color and/or markings					
Pet's date of birth		Age			
Sex	<input type="radio"/> Intact male <input type="radio"/> Neutered male <input type="radio"/> Intact female <input type="radio"/> Spayed female <input type="radio"/> Unknown				
Rabies vaccine status (dogs, cats, and domestic ferrets only)	<input type="radio"/> Up to date <input type="radio"/> Past due <input type="radio"/> Unknown				

I hereby authorize and direct the veterinarian(s) at Carolina Veterinary Specialists to diagnose, administer or prescribe medications (recognizing that some medications used may be off-label), and perform therapeutic and/or surgical procedures that in their judgment are advisable for the well-being of my pet. I also understand that no warranty or guarantee has been made as to the result or a cure, and that I am financially responsible for the authorized services performed.

Signature of owner or Authorized Agent

Date

Photo and Video Release Form

I grant Carolina Veterinary Specialists and its representatives and employees the right to take photographs or videos of me and/or my pet(s), and to copyright, use, and publish the same in print and/or electronically.

I agree that Carolina Veterinary Specialists may use such photographs or videos of me and/or my pet with or without my pet's name for any lawful purpose, including, for example, such purposes as patient documentation, education, illustration, publicity, web content, advertising, or social media.

Initials

_____ I **DO** permit Carolina Veterinary Specialists to take and use photographs or videos as described above

_____ I **DO NOT** permit Carolina Veterinary Specialists to take and use photographs or videos as described above

Financial Policies

Payment in full is expected at the time services are provided or upon discharge of your pet if your pet is hospitalized. Initial payment of the emergency exam fee is due prior to treatment for all emergencies.

We will provide a written good-faith estimate of the cost of our services before extensive evaluation or treatment of your pet or if your pet is hospitalized. However, unforeseen circumstances may arise that might influence your final bill. We will keep you updated daily regarding the amount due for hospitalized pets.

A deposit toward the cost of services is required for all emergencies and if your pet is hospitalized. In most instances, a deposit of 75% of the high end of the financial estimate is required for surgeries and other major procedures and for hospitalization services.

We accept payment by cash, check, Visa, MasterCard, American Express, and CareCredit (a third-party payment plan option for healthcare services).

We appreciate your understanding of our financial policies. Please do not hesitate to speak with us if you have any questions or concerns regarding these policies or any other financial matters.

Signature of owner or Authorized Agent

Date