

Village Veterinary Housecalls - Contact Information

Owner Name _____ Co-owner/agent _____

Address _____ Town _____ State _____ Zip _____

Primary phone number _____ Other _____

Primary e-mail _____ Name: _____

Secondary e-mail _____ Name: _____

How did you hear about us: Friend Website Advertisement Other _____

Pet Information

Name: _____ DOB/Age _____ / _____

Canine _____ Feline _____ Other _____

Male _____ Female _____ Altered Yes / No (please circle), if yes at what age _____

Color(s) _____ Predominant breed _____

Existing medical problems or allergies if known _____

Previous veterinary hospital _____

May we contact your other veterinary to obtain past medical records Yes No
Please allow several days for refill requests

Returned check fee of \$20 will be applied for lack of funds. 1% interest will be applied to accounts 30 days past due.

Authorization for treatment:

I authorize Kathy Coughlin, DVM of Village Veterinary Housecalls to examine my pet, perform treatments and prescribe medications. I understand that payment is due at the time of service. I understand the Co-Owner/agent listed on this account may authorize any treatments. It is my responsibility to keep this information current and up to date. I understand that my pet may still need care at a standing veterinary hospital and that Village Veterinary Housecalls is not responsible for any charges incurred. I have been informed that Village Veterinary Housecalls may not be able to provide emergency care and my pet will be referred to an emergency hospital. I have been informed that I may request written prescriptions.

Signature _____ Date _____