Animal Clinic of Sturgeon Bay

130 South Madison • Sturgeon Bay, WI 54235 • Phone (920) 743-2628 • Fax (920) 743-9315

Client / Patient Registration

Owner Information (Owner must be 18 years of age or older)

First Name:	Last Name:	M.I.:
Mailing Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:
circle preferred daytime phone number		
Email:	Employer:	
Additional Owner(s):		
Mailing Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:
circle preferred daytime phone number		

Recommendation

Who may we thank for referring you to us?

Authorized Agent Information

In case of emergency, other than you and any additional owner(s) listed above, are there any other persons to whom you give primary responsibility and authorized agent status for the care of the patient? ☐ Yes ☐ No

If you have checked "Yes" above, please list the name, telephone number, and address for such other persons in the order you wish for us to contact them in the event that you or the co-owner(s) is not available (all authorized agents must be at least 18 years old):

1.

2.

3.

Patient Information *(additional patients may be listed on the Additional Patients Information Form)*

Pet's Name:		Species: ☐ Canine	☐ Feline	☐ Other
Breed	M ☐	Neutered ☐		
	F ☐	Spayed ☐	Color:	Birthdate or Age:

Please provide a copy of your pet's medical records. If not available, please list any previous surgeries, allergies, drug sensitivities, or any other significant problem:

Please list most recent vaccination or test dates if medical records are not available:

Canine		Feline	
Rabies	_____	Rabies	_____
DAPP	_____	FVRCP	_____
Bordetella	_____	Leukemia	_____
Lyme	_____		
Heartworm Test	_____	FLV/FIV Test	_____

Please list any veterinarians who have previously provided care for your pets, and who you are asking us to contact for complete medical records. Please include the practice name, address, and telephone number.

_____

_____

_____

Informed Consent

I understand that my veterinarian will need to communicate with me, or someone designated by me, prior to treatment of my pet(s) in order to obtain informed consent. For purposes of obtaining informed consent, I direct my veterinarian as follows:

Informed consent may only be provided by me: Yes _____ No _____

Informed consent may be provided by me or the additional owner(s) above: Yes _____ No _____

Informed consent may also be provided by the agents, in order, previously listed: Yes _____ No _____

I further acknowledge that no guarantee has been made as to results that may be obtained. I understand that complications may arise which cannot be predicted and that I will be held financially responsible for any veterinary medical care necessitated by complications.

_____ _____

Signature: Printed Name: Date:

_____ _____

ACSB Witness Signature: Printed Name: Date:

Welcome to the Animal Clinic of Sturgeon Bay. We look forward to helping you and your pet.