

Welcome to Elko Veterinary Clinic

PLEASE FILL OUT ALL THE FOLLOWING *REQUIRED INFORMATION*****

Please write clearly!

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share some important information we require as we support your pet's needs today and in the future. **We need an answer for EACH line – writing N/A or none is acceptable if you do not have a spouse.**

* **Owner 1 Name** _____

*Home Phone # _____ Cell Phone # _____ * Work Phone # _____

*Mailing Address _____ City _____ State _____ Zip _____

*Physical Address _____ City _____ State _____ Zip _____

* Employer _____ City _____ State _____ Zip _____

Driver's License # _____ State _____ Exp. ____/____/____ *E-Mail Address _____

* **Owner 2 Name** _____

*Home Phone # _____ Cell Phone # _____ * Work Phone _____

*Mailing Address _____ City _____ State _____ Zip _____

*Physical Address _____ City _____ State _____ Zip _____

* Employer _____ City _____ State _____ Zip _____

*Driver's License # _____ State _____ Exp. ____/____/____ *E-Mail Address _____

*Emergency Contact (Not Living with You) _____ Phone _____

*Who can we thank for referring you to our clinic? _____

We will gladly provide a written health care estimate for all non-elective procedures.

All fees for professional services, or products, are due in full at the time of discharge.

We accept Cash, MasterCard, Visa, Discover and Care Credit or a check along with complete identification. Picture identification is required for all credit cards, debit cards, and checks. There is a \$50.00 service fee for all returned checks. In the event of any legal action I (client) agree to pay all reasonable court costs, deposition fees and attorney fees.

I (owner) hereby consent and authorize the doctor and/or staff to administer any medication, tests, anesthetics, or surgical procedures that the doctor deems necessary for the health, safety, or well being of my pet(s) once it has been explained to me. I understand that no guarantee of successful treatment can be made. I further understand that Elko Veterinary Clinic is not a 24-hour facility and my pet may be left unattended.

By law, NAC 638.052 Retaining possession of animals. NRS 638.070, a veterinarian may retain possession of an animal until all money owed to the veterinarian for the care of the animal is paid. If the veterinarian retains possession of the animal, he or she shall continue to care for it in a humane manner. Each day that the pet is here we will charge for the care of the pet according to our standard fee schedule.

*Signature Owner 1: _____ *Date _____

*Signature Owner 2: _____ *Date _____

All Information Remains Confidential Acct # _____ Employee Initials _____ revised 7-14-2016

I give Elko Veterinary Clinic permission to post my pet's picture on their web site or social media.

*Signature Owner: _____ *Date _____