Hawks Prairie Veterinary Hospital
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New Client Registration Form

We are excited you have chosen us to care for your pet and we look forward to assisting you! Please help us better meet your needs by taking a few moments to fill out this form. **Please note there are three pages for you to complete, including a final sheet requiring initials and a signature.** Thank you for taking the time to complete this for us!

Client Information:

Name (First Name, Last Name):	Partner's Name (First, Last):
Physical Address:	Apartment No.:
City, State:	Zipcode:
PRIMARY Number: Mobile or Landline	Partner's Mobile:
Secondary Number: Mobile or Landline	
Email Address:	Partner's Email Address:

Is your physical address the same as your mailing address? If not, please list it below:

Mailing Address: _____

_____

_____

List of People to Seek Authorization

Is there any, not already listed, that you would like to authorize to seek treatment for your pet? Please note, anyone listed MUST be over 18 years of age. If yes, please list full name and phone number below:

1. **Name:** _____ **Phone Number:** _____
2. **Name:** _____ **Phone Number:** _____
3. **Name:** _____ **Phone Number:** _____

List of Your Pets:

Name of Pet(s)	Species & Breed	Age & Date of Birth (if known)	Sex (include if Spay/Neutered)

I am the owner or agent for the animals described above and I have the authority to execute this consent. **_____ (initials)**

Do your pet(s) have Insurance? If yes, please list company & policy number:

_____

_____

We are happy to call your previous veterinarian to obtain a copy of your pet's records. Please provide us with the following information:

Practice Name: _____

City: _____ State: _____

Practice Phone Number: _____

Practice Email: _____

Do you allow the staff at Hawks Prairie Veterinary Hospital to share images of your pet on our social media sites?
Check one: ☐ **YES** ☐ **NO**

Do you qualify for a discount? Check one that applies, you may be asked to show your ID for verification.

☐ Military-Active/Retired ☐ Senior Citizen (60-years+)

<u>Hawks Prairie Veterinary Hospital is committed to providing a safe and welcoming environment for all. Aggressive, threatening, intimidating or disruptive behavior will not be tolerated.</u>

Examples of aggressive, intimidating or disruptive behaviors include, but are not limited to:
Threatening or intimidating words or body language
Abusive/offensive language or swearing,
Physical violence or aggression, And/or
threats of any kind.

I am the owner (or authorized agent for the owner, and I am eighteen years of age or older) of the pet(s) named above. I authorize the veterinary team at Hawks Prairie Veterinary Hospital to perform treatments, procedures, and care that we have discussed and agreed upon for my pet(s). I understand that Hawks Prairie Veterinary Hospital will make every effort to keep me informed and involved in all medical decisions. In the event of a medical emergency where I am unavailable, I trust the veterinary team to take necessary life-sustaining actions at their professional discretion. By signing, I release Hawks Prairie Veterinary Hospital and its staff from liability related to these authorized treatments, provided they are performed within the standard of veterinary care. I have read and fully understand this agreement**. _____ (initials)**

I understand that payment is due, in full at the time services are rendered**. _____ (initials)**

I agree that myself and any authorized agent that represents me will always treat all staff members and other clients with respect. I understand that Hawks Prairie Veterinary Hospital has zero tolerance for swearing, yelling, or disrespectful speech toward any staff member or other client. Behavior as such can result in termination of care. All staff members are empowered to report all abuse from clients**. _____ (initials)**

I agree to always keep my pet(s) on a leash (retractable leashes are not allowed) or in a carrier while in the parking lot and/or lobby for patient and human safety. If you do not have a carrier that is 100% secure, we can provide you a cardboard carrier to transport your pet(s) at an additional cost to you. I agree to inform the staff if my pet(s) has/have ever been aggressive, bitten anyone or required a muzzle or extra restraint in any past circumstances, veterinary related or otherwise. **_____ (initials)**

I authorize Hawks Prairie Veterinary Hospital to share my pet's medical records with facilities when requested by a third party, such as a veterinary clinic, groomer, boarding facility, training, day care, insurance, etc. or with law enforcement, animal control, etc. **_____ (initials)**

Owner Name: _____

Owner Signature: _____

Today's Date: _____