

Ottawa Veterinary Hospital

Ed Smith, DVM ~ Lisa Stadler, DVM ~ James Garner, DVM ~ Marlo Showalter, DVM
Allison Eitzmann-Smith, DVM ~ Adam Smith, DVM ~ Holly Harris, DVM

Welcome

Information

Date _____

Name _____

Address _____ City _____ State _____ Zip _____

Phone(s) _____ Email _____

Place of Employment _____ Phone _____

Spouse/Significant Other _____

Phone(s) _____ Email _____

Place of Employment _____ Phone _____

A. Kansas law requires written informed consent to release your pet's health care records to certain third-parties (non-owners). Please indicate to whom you authorize us to release your pet's health care records:

_____ **YES** Other Veterinary Clinics & Hospitals; Rescue & Humane Organizations; Property management organizations; Kennels & Groomers; Pet Daycares; Pet Insurance companies;
Other: _____

_____ **NO** I do not give permission to release my pet's health care records to the above organizations.

B. We require written authorization from you for others (spouse, children, friends, relatives, etc.) to make medical decisions in your absence. Please list all applicable names :

If you are on a budget, it is your responsibility to let your doctor know as soon as possible so that we can customize a treatment plan for you.

Payment, in full, is required at the time services are rendered.

I certify that I am the client/owner listed above, and have read and understand the privacy & payment policy. I am at least eighteen (18) years of age and that this information is correct to the best of my knowledge.

Signature of Owner: _____ **Date:** _____

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PET INFORMATION

Pet Name	Species	Breed
Color	Birthday/Age	Sex(Spayed/Neutered)
Medical Conditions/Concerns		

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