

# 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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