

New Client Registration

Date: _____
 Name: _____ Spouse/Co-Worker: _____
 Address: _____ Apt # _____
 City: _____ State: _____ Zip Code: _____

Contact Information:

Home Phone: _____ Has your pet had a professional dental cleaning in the last 12 months? Yes No
 Cell Phone: _____
 Email: _____
 Driver License: _____

Were you referred? Yes No **If yes, who can we thank?** _____

	Pet #1	Pet #2	Pet #3
Name			
Age/DOB			
Species			
Breed			
Color			
Sex (Spay or Neuter)			
Microchipped?(Y/N)			

Previous Vet: _____ May we call for records? Yes No

Professional fees are to be paid at the time of service

- In admitting my pets for diagnostics, treatment, or surgery, I authorize the veterinarians of Dr. Kerry's Pet Vet and their support staff to administer such treatment and/or perform such diagnostic or surgical procedure as deemed necessary.
- It is understood that an estimate of charges may be given for services. No guarantee or assurance can be made as to the results that may be obtained.
- I hereby certify that I am the owner of the above-named animal(s) or am responsible for it, and have the authority to execute consent.
- **I understand that there is a \$25 fee for failure to show for my appointment without calling 24 hours in advance.** I also understand that i may be required to pay half of any surgical procedure upon dropping off my pet before any procedure can be done.



Signature: _____

CONSENT FOR COMPLEMENTARY & ALTERNATIVE VETERINARY TREATMENT OR THERAPY

I, _____ [owner / owner's authorized agent], have engaged Dr. Kerry (hereafter "*Veterinarian*"), a licensed veterinarian and Dr. Kerry's PetVet to perform complementary and/or alternative veterinary treatment on my [animal(s)], _____ [name(s) of animal(s)], [breed(s) or other description(s)], which treatment has been described and explained to me, to my satisfaction, by *Veterinarian*.

I hereby fully consent to and authorize the performance of such complementary and/or alternative feeding treatment by *Veterinarian*, including any preliminary, further, or additional treatments, therapies, tests, medications, herbs or injections that may be, in the judgment of *Veterinarian*, or any veterinarian associated with him / her, considered advisable or necessary at any time while the complementary and/or alternative medical treatment is being performed.

The intention of this Consent is to grant full authority to *Veterinarian* and any veterinarian associated with him / her and their respective employees, assistants or consultants, to administer and perform any and all complementary and/or alternative medical, drugs, treatments, tests, medications, injections or diagnostic procedures to my animal(s) that may be deemed advisable or necessary by *Veterinarian* or by any veterinarian associated with him / her.

I have been fully informed, to my satisfaction, by *Veterinarian* that complementary and alternative veterinary medicine does or may be considered by some in the American veterinary profession as a philosophy or practice that does or may differ from current scientific knowledge, or whose theoretical basis and techniques may diverge, even considerably, from veterinary medicine routinely taught in accredited veterinary colleges in the United States.

I understand that complementary and alternative veterinary therapy: (a) is not like most conventional or drug therapies, in that it has or may have multiple effects on many systems in an animal at a time; (b) it may have no effect; (c) my animal(s) may experience some discomfort from complementary and alternative treatments; (d) complementary and alternative veterinary treatment is usually, but not always, safe, and it may have side effects that may be the same or more severe than conventional, drugs or other treatments; and (e) adverse effects may include, but not be limited to, illness, known or unknown interactions, nausea, vomiting, diarrhea, constipation, muscle spasms, or more serious, unforeseen effects including, in rare situations, stroke, paralysis or death.

I appreciate that my animal(s) may not respond nor benefit from complementary and alternative veterinary treatment. I also understand that it is important for me fully to follow *Veterinarian's* instructions on monitoring my animal(s) such as, but not limited to, blood, stool and/ urine tests, over the course of its / their complementary and alternative veterinary treatment and promptly and fully to report to *Veterinarian*, or any veterinarian associated with him / her, any adverse effects or unusual behavior by my animal(s).

I further understand that if my animal(s) is seen by another veterinarian, not associated with *Veterinarian*, while undergoing or having undergone complementary and/or alternative veterinary treatment, that I should fully inform the other veterinarian that my animal(s) is on or has undergone a complementary and/or alternative veterinary treatment, the nature of the complementary and/or alternative veterinary treatment, and request the other veterinarian to contact *Veterinarian* or a veterinarian associated with him / her.

Signature: _____