

New Patient Intake and Consent Form

Please fill out this form as completely as possible. The information in this form is used to get to know your pet's history and to begin to formulate a plan. You may be asked to provide additional information such as a Pain Scale or Functional Independence Measure based on the information you provide.

If you have any questions about how to fill out this form please contact Grace Veterinary Services at kendra.rushing.dvm@gmail.com or call/text 206-486-2719.

Information about You

1. Primary owner's first name

2. Primary owner's last name

3. List additional owner's names if applicable.

4. Address

5. Phone number

6. Email address

7. Preferred method of contact

Check all that apply.

- Email
- Call
- Text

Information about your Pet

8. Pet's name

9. Pet's age

10. Birthday (use today's date if estimating)

Example: December 15, 2012

11. Species

Mark only one oval.

- Canine
- Feline

12. Breed

13. Color and/or markings

14. Sex

Mark only one oval.

- Male Neutered
- Female Spayed
- Male Intact
- Female Intact

15. Who is your pet's current veterinarian?

16. **Where did you get your pet (breeder, rescue, etc)? How long have you had them?**

17. **Does your pet have any known medical conditions? List them.**

18. **For any current medications list name, dose, frequency, and how long they've been on the medication.**

19. **List any supplements your pet is currently taking.**

20. **List the type and quantity of food your pet eats.**

21. **Please describe any behavioral concerns we should be aware of.**

22. Does your pet have a bite history?

Mark only one oval.

- Yes
- No

Let's make a plan!

23. Describe your primary concerns regarding your pet.

24. What are your goals of treatment? Be specific.

Authorization to Provide Care/Treatment

I am the owner or authorized agent of the owner of the pet listed above, hereby authorize and direct Dr. Kendra Rushing of Grace Veterinary Services to perform all rehabilitation assessment and treatments within accepted veterinary acupuncture and physical rehabilitation guidelines as deemed advisable and/or necessary for my pet. I authorize Grace Veterinary Services to obtain all medical records regarding my pet as is necessary for the thorough and complete evaluation and treatment of my pet. I understand that portions of my visit may be recorded for educational purposes. I understand that there is no guarantee nor can one be made as to the results or outcome of any therapy. I understand that the veterinarian of Grace Veterinary Services recommend therapy and treatment options but that other persons may have different opinions about what therapies and treatments are necessary or appropriate. I understand that I have a choice to obtain additional information regarding those opinions from Grace Veterinary Services upon my request or I may research the different opinions about therapies and other care myself and discuss my questions with my veterinarian. I agree to pay, in full, for services rendered. I understand that payment is due at the time services are rendered. If for any reason payment is not made at the time services are rendered or within 7 days thereafter, I understand that my account may be referred to a collection agency. In the event that my account is referred to a collection agency, I agree that Grace Veterinary Services may add an amount to my outstanding account balance to reimburse Grace Veterinary Services for the reasonable collection charges (but not including attorney's fees) imposed by the collection agency. I agree to hold harmless Grace Veterinary Services, their owners, employees, and agents from any and all liability of any nature, loss or injury to self, loss or injury to family including pet, loss or injury to guest as a result of participating in any assessments, treatments, classes and programs. I personally assume all liability for the care of my pet while under the care of Grace Veterinary Services

25. By checking the box below, you indicate that you have read and agree to the above statement.

Check all that apply.

- I have read and hereby agree to the above statement.

Media Release

Photographs and video recording are utilized by Grace Veterinary Services as part of your pet's medical record. I hereby authorize Grace Veterinary Services to use such media for any lawful purpose, including social media (Facebook, Instagram, YouTube, Twitter, website), marketing, and education. I hereby release and discharge Grace Veterinary Services from any and all claims arising out of use of said media.

26. **By checking the box below, you indicate that you have read and agree to the above statement.**

Check all that apply.

I have read and hereby agree to the above statement.

Signature

27. **Type your full name to sign.**

28. **Enter today's date.**

Example: December 15, 2012

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