



## New Client & Patient Form

**Client Name:** \_\_\_\_\_ **Spouse/Partner's Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Other:** \_\_\_\_\_  
**Email Address** \_\_\_\_\_ **SSN #:** \_\_\_\_\_

*\*Please provide a current, working email and cell phone #, as these methods are our primary means of communicating with you about reminders, promotions, accounting and other Hospital information.*  
*\*\*If you prefer to be communicated with in a particular way, such as text vs/email/phone call, please indicate here:* \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**If Military – Rank:** \_\_\_\_\_ **Unit:** \_\_\_\_\_  
**Spouse's Place of Employment:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**If Military – Rank:** \_\_\_\_\_ **Unit:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **Species:** Feline/Canine  
**Breed:** \_\_\_\_\_ **Sex:** Male/Female **Altered/Unaltered**  
**Age/D.O.B.:** \_\_\_\_\_ **Markings:** \_\_\_\_\_  
**Color:** \_\_\_\_\_ **Current Diet:** \_\_\_\_\_

Please list below any past/current medical problems or known sensitivities to medications, vaccinations, or food. Also list current medications, including heartworm or flea/tick control:

\_\_\_\_\_

\*For the safety of our staff, clients, and fellow patients, please alert us if your pet is aggressive, or has bitten any person or other animal so that we can take appropriate precautions.

Is anyone else other than yourself authorized to make medical decisions, or approve treatments for your pet(s)? If Yes – Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Hospital Policy: Payment is due in full at time services are rendered.**

- For delayed payment options, we offer Care Credit. \*We accept all major credit/debit cards, and cash.

I hereby authorize the staff of Liberty Veterinary Medical Center (LVMC) to provide medical care/treatment/surgery for my pet(s) from this date forward. I agree to hold harmless Liberty Veterinary Medical Center for any injuries incurred by my pet or myself while in the care of the hospital. I authorize emergency treatments to be performed on my pet while in the care of LVMC if deemed necessary, and I agree to pay for such procedures/services regardless of outcome. I understand and agree to the above Hospital payment policy, and agree to provide payment in full for any and all services rendered for my pet(s) upon discharge/check out.

I authorize Liberty Veterinary Medical Center to take photos of my pet(s) during any visit to LVMC and use for any lawful purpose, including, publicity purposes, illustration, advertising, and web/social media content.

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**Owner Signature** **Owner Printed Name** **Date**