



2530 Manitou Road
Rochester, NY 14624
Phone: 585-617-3115
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New Client/Patient Questionnaire

Thank you for entrusting us to care for your pets. So we may become better acquainted please complete the following:

Client Information

Owner's Name(s): _____ Preferred Pronouns: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Which number/time is the best to contact you? _____

Driver's License #: _____ Social Security # _____

Email Address: _____

Emergency Contact (s): _____ Phone: _____

Do they have permission to make medical decisions on your behalf? _____

How did you hear about us? _____

Pet Information

If your pet has previously been seen by another veterinarian, please provide pertinent records so that we may have all necessary information regarding your pet(s). Previous Veterinarian if applicable: _____

	Pet #1	Pet#2	Pet#3
Name			
Canine or Feline			
Breed			
Date of Birth			
Color/Markings			
Sex: F			

Is your pet up to date on vaccines? Yes No If yes, when were they given? _____

Any previous serious illness or surgeries? _____

Any known allergies to medications or vaccines? _____

Don't forget the second page!

Any current medications? _____

How would you describe your pet's reaction to going to the vet?

Eager and Excited Subdued Reluctant Frightened/Fearful Somewhere in the middle

Authorization

We like to use positive pictures of our patients on our social media. Who wouldn't want to see those cute faces? However, we need your permission to share photos. Your personal information will not be shared!

Yes, I grant Manitou Hill Veterinary Practice permission to take photographs of myself and/or my pet, and publish those photographs for any lawful purpose including: their website, social media accounts, and promotional materials. **Initials:** _____

No, Manitou Hill Veterinary Practice may NOT take photos of me/and or my pet beyond medical records and communication with me. **Initials:** _____

By signing below you agree to the following:

I hereby authorize the veterinarian and staff to examine, prescribe for, and/or treat the above-described pet. I assume full financial responsibility for all charges incurred in the care of this animal. In the event my account is placed for collection, I agree to pay in addition to the amount due, an amount equal to all collection expenses, including attorney's fees. I also understand that any and all charges will be paid for at the time when services are rendered and that a deposit may be required for hospitalization, treatment and/or surgery.

*****ALL PAYMENTS ARE DUE IN FULL AT THE TIME WHEN SERVICES ARE RENDERED. PLEASE INFORM A STAFF MEMBER IF YOU REQUIRE AN ESTIMATE BEFORE SERVICES ARE PERFORMED.**

Signature of Owner: _____ Date: _____