



TRUSTY VET INFORMATION SHEET

Owner Name: Co-Owner's
 Address: Phone(1st) Phone(2nd):
 City, State, Zip: Email Address:

PATIENT INFORMATION:

Name: Pet 1: Pet 2: Pet's Date of Birth:
 Breed/Color: Male Male Neutered Female Female Spayed

MEDICAL HISTORY:

Any behavioral issues we should be aware of:
 Previous Veterinarian's Name/Office & Last Rabies Vaccine (Month/Year):
 Previous problems (illnesses/surgeries/etc.):
 Allergies to medications and/or vaccines:
 Current medications:

I, the undersigned, being 18 years of age or older, am the owner or authorized representative of the pet(s) described above and am authorized to make decisions regarding its care.

Further in the event of that I am unavailable, I give permission to the veterinarian to discuss financial and medical aspects of this case with my authorized representative named below.

Authorized representative: _____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I understand that I or my representative am encouraged to discuss all fees related to such treatment before services are rendered and during my pets ongoing medical treatment. I agree to assume all financial responsibility for all fees for services authorized by myself or my representative and incurred during the care of my pet(s) by representatives of Trusty Vet. I acknowledge that Trusty Vet's payment policy is to accept payment for services with Visa, Mastercard, Discover, Care Credit, and Cash. **PERSONAL CHECKS ARE NOT ACCEPTED FOR NEW CLIENTS.**

Trusty Vet operates not only as a medical service provider for your pet, but also as a pharmacy for your pet's medications. Prescriptions are an important tool to providing your pet with appropriate medical care. It is your responsibility for knowing when your pet's medications will need to be refilled. So that you receive the prescriptions your pet needs in a timely fashion, please allow at least 24 hours for all refill requests. A fee will be applied for requests of written prescriptions for medications that are the same or comparable to products stocked by Trusty Vet.

I acknowledge that per Alabama Code 1975 35-11-390-391, every licensed veterinarian has the authorization to place a lien on any animal treated by such veterinarian. The veterinarian may retain such animal until fees for the veterinarian's treatment or surgical services for such animal has been paid. Charges for overnight care will continue to accrue until the time that the animal is picked up after full payment for services. I understand that if I fail to comply with this policy, this practice may handle this as a case of abandonment in a manner that is in the best interest of the animal and the hospital.

By my signature, I acknowledge that I have read, understand, and agree to the policies stated above.

Signature: Date: