



Southwest Veterinary Oncology

New Patient Form

Thank you for the opportunity to care for your pet.
So that we may become better acquainted, please complete the following information.

Owner: _____ Co- Owner: _____

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

Owner Information:

Co-Owner Information:

Primary Phone: _____

Primary Phone: _____

Secondary Phone: _____

Secondary Phone: _____

E-mail Address: _____

E-mail Address: _____

Other Permissible Contacts: _____ **Phone No** _____
_____ **Phone No** _____
_____ **Phone No** _____

Primary Care Veterinarian

Doctor's Name: _____ Clinic Name: _____

Referring Veterinarian (if different from above)

Doctor's Name: _____ Clinic Name: _____

PET INFORMATION

Patient Name: _____ Dog__Cat__Other__ Breed: _____

Color: _____ Please circle one: Male/Intact Male/Neutered Female/Spayed Female/Intact

DOB (or approximate age): _____ Reason for visit? _____

List any known drug allergies _____

I authorize and direct the veterinarians at Southwest Veterinary Oncology to examine, diagnose, prescribe, perform therapeutic procedures, and/or surgery that their judgment may dictate for the patient's care and well-being. No warranty or guarantee has been made as to the result or cure.

ALL FEES ARE REQUIRED TO BE PAID IN FULL UPON COMPLETION OF THE VISIT.

We accept cash, all major credit cards, GE Care Credit, and check. **A driver's license is REQUIRED if you plan to pay by check. If you choose not to disclose this information, only cash or credit card will be accepted.** There will be a service charge for any returned checks. A deposit is required at the time of admission and the balance paid in full at discharge. If you have any questions about the fees or the financial policy, please alert a front desk staff member before services are performed. Accounts not paid within 30 days are subject to an interest finance charge. In the event any balance due is not paid as agreed, the undersigned jointly and severally agrees to pay all costs included in the unpaid balance, including a reasonable collection and /or attorneys' fees.

If you have any questions, please be sure to ask one of our front desk staff members.

Signature of Responsible Party: _____ **Date:** _____

(Must be over 18 years of age)