



Client Registration Form
Home Pet Care
Veterinary Housecalls

Thomas A. Schmar, D.V.M.
Home: 273-6572

CLIENT INFORMATION:

Last Name: _____ First Name: _____ Middle: _____
Address: _____ Apt. No.: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ Ext.: _____
Driver's License Number: _____ SSN: _____ Date of Birth: _____
Occupation: _____ Employer: _____

SPOUSE INFO: Last Name: _____ First Name: _____ Middle: _____
Address: _____ Apt. No.: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ Ext.: _____
Driver's License Number: _____ SSN: _____ Date of Birth: _____
Occupation: _____ Employer: _____

REFERRED BY:

PATIENT INFORMATION:

Pet's Name: _____ Dog: _____ Cat: _____ Other: _____
Breed: _____ Sex: Male _____ Female _____ Altered: Yes _____ No _____
Color: _____ Markings: _____
Date of Birth: _____ Weight: (if known) _____
AKC or CFA Registration Number: _____

Brief Medical History (vaccinations, heartworm tests, surgeries, seizures, drug reactions, etc.): _____

Is your pet on medication? If so, what kind and for how long? _____

STATEMENT OF FULL DISCLOSURE

I understand it is within my rights to have full disclosure and explanation including a good faith estimate of any procedures to be performed on my pet. If verbal or written consent cannot be obtained, the procedure will be performed only if the health of the pet will be adversely affected if not performed and will be charged accordingly.

Payment for procedures will be expected in cash, check, VISA/MC, DISCOVER/NOVUS or AMERICAN EXPRESS at time of services rendered. Service charge on any and all bad checks will be \$30.00 per check. Any balance due at the end of each month will be charged 18% APR (1.5% per month) or maximum allowed by law in addition to a \$3.00 billing fee. Appointments not cancelled prior to the doctor visiting your home will be a minimum of \$20.00, out of town clients will be charged more in accordance with miles traveled. I hereby release all prior medical records from any previous veterinarian(s) pertaining to my pet(s). I have read and understand the above disclosure.

Owner or authorized agent signature _____ Date _____