



Client Registration Form  
**Home Pet Care**  
Veterinary Housecalls  
Thomas A. Schmar, D.V.M.  
785-273-6572

**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: \_\_\_\_\_ Email: \_\_\_\_\_

**SPOUSE INFORMATION:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

**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 procedure 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, Mastercard, Discover/Novus, American Express, Care Credit and Venmo 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 with 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 charged a housecall fee, out of town clients will be charged more in accordance with miles traveled. **I hear-by 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: \_\_\_\_\_