



STACK
Veterinary Hospital

Client ID# _____

Welcome to the Stack Veterinary Hospital

Date _____

Home Phone # _____

Cell Phone# _____

Primary Owner

Name: _____

Last

First

(Mr. Mrs. Miss Ms. Dr.)

Email address _____

Spouse/Co-owner

Name: _____

Last

First

(Mr.Mrs.Miss Ms. Dr.)

Address: _____

Street

City

State

Zip Code

Employer: _____ Work Phone: _____

Referring Hospital: _____ Referring Doctor: _____

Referring Condition: _____

Pet's Name: _____ Date of Birth: _____

Canine/Feline /Breed: _____ Color: _____ Sex: Male Female
Spayed Neutered

Date of Last Rabies Vaccine _____

Signature of Owner _____ Date: _____

Signature of Spouse/Co-Owner _____ Date: _____

Name of Owner _____

Client ID# _____

Spouse/Co-Owner _____

Referral Policy

You have been referred to the Stack Veterinary Hospital for a consultation on a specific problem identified by your veterinarian. The specialist will examine your pet, review any diagnostic test(s) already performed, and outline some specific recommendations for further diagnostic and/or therapeutic intervention. An estimate for charges that might be incurred will be provided at the initial consultation. A deposit of 50% of the estimated charges will be required at the time your pet is admitted to our hospital and the balance is due when the pet is discharged.

At the completion of our treatment for the referred condition, a verbal and written synopsis will be forwarded to your veterinarian. If ongoing care is required for the condition, we will coordinate with your veterinarian so that your pet receives the most appropriate treatment, and try to minimize any inconvenience to you (i.e. long distance traveling etc.).

Please understand that your veterinarian is the professional most familiar with your pet. We will not be able to provide routine veterinary services for this pet, or any of your other pets, now or in the future. If a new problem, unrelated to the present condition, develops in the future, please consult with your veterinarian first.

We will happily assist you in any way with questions or problems directly related to the current problem only.

I have read and agree to comply with the referral policy;

Signature of Owner: _____ Date: _____

Signature of Authorized Agent _____ Date: _____