

Dr. Sam's Veterinary House Calls
3115 W. Emaus Ave.
Allentown, PA 18103
484-809-9838

Owner (include agent if owner not present) PRINT: _____

Address: _____

Phone Number: _____ Alternate Number: _____

Email address: _____

In the event that it is necessary to share information about my pet's health with a third party, I authorize the following people or organizations as points of contact:

Name: _____ **Phone/email:** _____

Name: _____ **Phone/email:** _____

Name: _____ **Phone/email:** _____

Please list the names of all of your pets who are seen by this practice:

1. Patient Name: _____ **Patient Date of Birth:** _____ **Cat or Dog (circle one)**

Sex: _____ **Neutered or Spayed (circle one)** **Breed:** _____ **Color:** _____

2. Patient Name: _____ **Patient Date of Birth:** _____ **Cat or Dog (circle one)**

Sex: _____ **Neutered or Spayed (circle one)** **Breed:** _____ **Color:** _____

3. Patient Name: _____ **Patient Date of Birth:** _____ **Cat or Dog (circle one)**

Sex: _____ **Neutered or Spayed (circle one)** **Breed:** _____ **Color:** _____

4. Patient Name: _____ **Patient Date of Birth:** _____ **Cat or Dog (circle one)**

Sex: _____ **Neutered or Spayed (circle one)** **Breed:** _____ **Color:** _____

Please list any additional pets on back of page

Social Media Consent:

By checking yes below, I agree to allow for photographs of my pet to be posted on social media, in Dr. Sam's advertisements, on the company (Dr. Sam's) website, or in company (Dr. Sam's) emails. I understand that my photograph, personal information, or the location of my home will never be divulged in these postings.

YES NO

*****Please turn to back of page to complete and sign consent.*****

Consent for Medical Treatment and release of Information:

_____ By initialing I agree to the below:

I am the owner or agent of the animal described above.

I have the authority to execute this consent and am over the age of 18.

I hereby authorize and direct the veterinarians of Dr. Sam's Veterinary House Calls to treat my animal(s).

I agree to pay, in full, for services rendered, at the time of service, unless otherwise agreed upon with the attending veterinarian. If a special payment arrangement has been made, payment must be completed within 30 days of treatment. Accounts not paid within terms are subject to a 1.5% monthly finance charge.

By signing below, I agree that I have read and understand all information in this document and consent to services and treatment.

Signature of owner or agent **Date**

*** How did you hear about us?**

Circle all that apply: Friend Newspaper Advertisement Social Media Internet Search Other (explain)