

Welcome to Butler Veterinary Associates!

Thank you for giving us the opportunity to care for your pet!

So that we may become better acquainted, please complete this information sheet.

This information will become part of your pet's medical record.

CLIENT INFORMATION

OWNER'S NAME _____ SPOUSE/OTHER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME TELEPHONE _____ WORK _____ CELL _____

EMERGENCY _____ EMERGENCY CONTACT _____

EMAIL: _____

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

We will gladly prepare a written treatment plan if you desire. Ask the technician or doctor and they will assist you.

How will you be paying?

- Credit Card (Visa, MasterCard, Debit or Discover) Cash
- Care Credit (A medical credit card – ask a receptionist for details)
- Personal Check A Valid Driver's License is required State _____ Number _____

How did you hear of our hospital?

- Referral Who may we thank? _____
- Hospital Sign Yellow Pages Other

PET INFORMATION

NAME _____ SPECIES _____ BREED _____

COLOR _____ DOB _____ male male neutered female female spayed

I, undersigned owner of the pet(s) identified below consent to the examination of my pet(s) by Butler Veterinary Associates, Inc (BVA) team and after consultation with me to prescribe medication for, treat, hospitalize, anesthetize or perform surgery on my pet(s). I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns that I have about those risks with my attending veterinarian before the procedure is initiated. Should some unexpected life-saving emergency care be required for my pet(s), BVA's team has my permission to provide such treatment and I agree to pay for such care.

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED AND BOARDED ANIMALS MUST BE CURRENT ON VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES.

Signature of Owner or Agent

(Must be 18 years of age) _____ Date _____

Is there anything else you feel we might want to know about your pet(s)? (Previous conditions of diagnosis, allergies, "He doesn't like it when his feet are touched"... You may continue on the back if needed.