DR. JYL'S MOBILE VET CONNECTION™
CLIENT FORM

THANK YOU FOR GIVING US THE OPPORTUNITY TO CARE FOR YOUR PET(S). PLEASE FILL OUT THIS FORM COMPLETELY (PLEASE PRINT)

OWNER NAME: _____   CO-OWNER NAME: _____

CELL PH# (___) _____ HOME PH#: (___) _____   WORK PH#: (___) _____

ADDRESS: _____CITY: _____ STATE: _____ ZIP: _____

BEST TIME AND WAY TO BE REACHED: _____ EMAIL ADDRESS: _____

PLACE OF EMPLOYMENT: _____ DRIVER'S LICENSE#_____ EXP: _____

➢ A NEW LAW FOR CONTROLLED SUBSTANCES REQUIRES THE OWNER'S DATE OF BIRTH: _____

CO-OWNER CONTACT INFORMATION: CELL PH#: (___) _____ EMAIL ADDRESS: _____

PLEASE LIST ADDITIONAL PERSONS AUTHORIZED TO SIGN FOR THIS ACCOUNT: _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

PLEASE CHECK PAYMENT METHOD: CHECK   CASH   CREDIT/DEBIT CARD   CARE CREDIT

We add a 3% surcharge on all credit card payments. This surcharge is not greater than our total cost of accepting credit cards. There is no surcharge for debit card, cash or check transactions.

THE FOLLOWING CHARGES MAY APPLY. MISSED APPOINTMENT $75-$125. EMERGENCY FIT-IN $90.   WE ADD A 3% SURCHARGE ON ALL CREDIT CARD CARD PAYMENTS. THIS SURCHARGE IS NOT GREATER THAN OUR TOTAL COST OF ACCEPTING CREDIT CARDS. THERE IS NO SURCHARGE FOR DEBIT CARD, CASH OR CHECKS.

INITIAL____:

IN THE EVENT OF AN EMERGENCY, I UNDERSTAND THAT EVERY ATTEMPT WILL BE MADE TO CONTACT ME. I HEREBY GIVE PERMISSION FOR ANY REASONABLE TREATMENTS NEEDED TO STABILIZE MY PET TO BE DONE OR GIVEN IN THE EVENT OF SAID EMERGENCY.

INITIAL: ____

I ACCEPT ALL FINANCIAL RESPONSIBILITY, AND UNDERSTAND THAT ALL PROFESSIONAL FEES ARE DUE AT TIME OF SERVICES. I UNDERSTAND THAT MOBILE VET CONNECTION OFFERS BOTH TRADITIONAL VETERINARY CARE AND ALTERNATIVE CARE MODALITIES, INCLUDING ACP, O3, UV, VOM, PEMF, HERBAL MEDICATIONS AND HOMEOPATHIC REMEDIES. I UNDERSTAND THAT THE SAFETY AND/OR EFFECTIVENESS OF SOME   ALTERNATIVE MODALITIES ARE NOT WELL-ESTABLISHED, AND/OR ARE DEEMED "EXPERIMENTAL" ACCORDING TO THE AMERICAN VETERINARY MEDICAL ASSOCIATION. I ALSO UNDERSTAND THAT, ALTHOUGH RARE, THE POTENTIAL FOR ADVERSE REACTIONS TO HERBAL MEDICATIONS EXIST.

INITIAL: ____

I ACKNOWLEDGE THAT DUE TO MANUFACTURER SUPPLY LIMITATIONS AND REGULATIONS SOME MEDICATIONS PRESCRIBED OR ADMINISTERED MAY BE COMPOUNDED OR USED "OFF LABEL".

INITIAL: ____

I UNDERSTAND THAT ALL MEDICATIONS DISPENSED, COMPOUNDED, AND SPECIAL ORDERED ARE NON-REFUNDABLE, REGARDLESS IF UNOPENED.   I GIVE PERMISSION TO DR. JYL'S MVC TO TAKE PICTURES OF MY PET(S) OR THEIR TREATMENT AND POST THEM TO OUR SOCIAL MEDIA ACCOUNTS

INITIAL: ____

FOR OUR BUSINESS FACEBOOK PAGE/ TWITTER, INSTAGRAM, ETC.

INITIAL: ____

HOW DID YOU HEAR ABOUT OUR HOSPITAL/MOBILE SERVICES?   INTERNET   MAILING   EVENT   TV   FRIEND *IF FROM A PERSONAL RECOMMENDATION, WHOM SHOULD WE THANK?_____

OWNER SIGNATURE: _____   DATE: _____
*PRINTED NAME INDICATES ACKNOWLEDGEMENT AND CONSENT

	PET #1	PET #2	PET #3	PET #4	PET #5
PET'S NAME:					
SPECIES/BREED:					
DATE OF BIRTH:					

Color:					
Sex/Spayed/Neutered:	M/ F/Unknown– Altered/Intact	M/ F/Unknown– Altered/Intact	M/ F/Unknown– Altered/Intact	M/ F/Unknown– Altered/Intact	M/ F/Unknown– Altered/Intact
Microchipped?	y/n	y/n	y/n	y/n	y/n

	M/ F/Unknown– Altered/Intact	M/ F/Unknown– Altered/Intact	M/ F/Unknown– Altered/Intact	M/ F/Unknown– Altered/Intact	M/ F/Unknown– Altered/Intact