



Client and Dog Registration

Welcome to Good Dog Veterinary Care! Thank you so much for choosing us for your dog's care. Please complete the following information so we can best serve you and provide exceptional care to your dog.

We look forward to welcoming you into the Good Dog Veterinary Care family!

About You...

Client Name: _____ Spouse Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Spouse Phone: (____) _____

Employer Name: _____ Work Phone: (____) _____

Preferred Method of Contact: (Please circle one) Home / Cell / Work

Preferred Method of Contact for Reminders: (Please circle one) Call / E-Mail / Text

How did you hear about us? (Please circle one) Google Search / Social Media / Client _____

Please list the names of all your dogs: _____

I give permission for Good Dog Veterinary Care to discuss my dog's treatment with the following authorized caregivers: _____

About Your Good Dog Visiting Today...

Name: _____ Age / Date of Birth: _____

Sex: (Please circle one) Male / Neutered Male / Female / Spayed Female

Breed: _____ Color: _____

Does your dog have any food allergies? (Y/N) If yes, please specify _____

Do you have any food allergies (ex. Peanut Butter)? (Y/N) If yes, please specify _____

Can we give your dog treats while in our care? (Y/N)

How can we help eliminate any stress for your dog while in our care? _____

How can we help eliminate any stress for you while your dog is in our care? _____

Do you have anything specific you would like to discuss with the veterinarian today?

Date of Last Vaccines: _____ Location of Last Vaccines: _____



Wellness Membership Plans

Wellness Membership Plans are designed to split up the cost of all recommended yearly preventative measures into 12 monthly payments via an auto-draft payment. Wellness Memberships save you money and ensure that your dog receives the highest standard of care. Please see the handout in the next packet for more information on our Wellness Plan pricing compared to our single visit pricing.

Yes! I am interested in learning more about a Wellness Membership Plan today. _____ (check if interested)
I am not interested in learning more about a Wellness Membership Plan today. _____

Payment Policy

I certify that I am 18 years of age or older and assume responsibility for all charges incurred. I understand that **charges are due at the time services are completed**. I agree that should my account become delinquent, I will be responsible for all collection costs, including but not limited to the outstanding balance, interest, attorney fees, court costs, and collection agency fees. I hereby authorize Good Dog Veterinary Care to treat my dog(s) and furthermore understand that unforeseeable adverse reactions to treatments are always possible and authorize treatment necessary should any reactions occur.

Signature of Owner: _____ Date: _____

Social Media Release

I grant permission for Good Dog Veterinary Care to use my dog's photo for the purpose of social media posting (Facebook, Twitter, Youtube, & other sites).

_____ Use the image only _____ Use the image & first name of pet _____ Do not use image

Signature of Owner: _____ Date: _____

Consent for Treatment

I am the owner or the authorized agent for the owner of the animal described above, and I have the authority to execute this consent. My signature below certifies that I am over eighteen years of age.

I have been informed that there are certain risks and complications associated with any veterinary operation/procedure. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures deemed necessary by the veterinarian. I am encouraged to discuss any concerns I have about these risks with the attending veterinarian before the procedure is initiated.

I authorize the use of appropriate anesthesia and pain relief medication as needed before, during or after the procedure.

I am aware that the practice of veterinary medicine is not an exact science and, thus, there are no guarantees for successful treatment. I accept that my financial obligations remain regardless of the outcome. I have read and understand this authorization and hereby accept and agree to the terms of the consent for treatment.

Signature of Owner: _____ Date: _____