WELCOME TO OUR PEAK CITY COMMUNITY

Thank you for giving Dr. Cindy and our team the opportunity to care for your furry family member.
Please take a moment to fill out the sections below to help us better meet your needs. Thank you so much!

CLIENT INFORMATION:

Name: (First)_____ (Middle Initial)_____ (Last)_____

Phone number (Primary): (_____)_____-_____ (Secondary): (_____)_____-_____

E-mail Address: _____ Would you like e-mail reminders? __Yes __ No

Address:_____

City:_____ **State**:_____ **Zip Code**:_____

Name of Spouse/Partner:_____ Phone number: (_____)_____-_____

How did you hear about Peak City? ( ) Google ( ) Yelp ( ) Facebook
( ) Referral: if so, who can we thank: _____ ( ) Other: _____

PATIENT INFORMATION *(use additional sheet for multiple pets)*:

Name:_____ **Date of Birth**/Approximate age:_____

Breed:_____ **Color/Markings**:_____

Species: Canine / Feline **Gender**: M / F **Spay/Neutered**: Y / N

Previous Clinic for Records: _____

1) I hereby authorize the veterinarian(s) at Peak City Vet to examine, prescribe for, and/or treat the above-described pet(s).
2) I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of treatment and/or patient discharge.
3) Prescriptions:
   a. Peak City Vet has our own in-house pharmacy to fill your pets' prescriptions and we also work with a reputable online pharmacy (https://peakcityvet.vetsfirstchoice.com/) through which you can order food and medication in liquid, treat, pill, or topical form, including compounded medications that are conveniently delivered to your home.
   b. All medications, herbal medicines, and/or medical equipment are non-refundable.
   c. Due to filling inappropriate medications, wrong medications, and miscommunication with our clients, we do not authorize 3rd-party online pharmacy prescriptions (ie: Chewy; 1-800 Pet Meds, etc.). We do NOT work with these pharmacies regarding filling of prescription medications; and/or accept calls, emails, or faxes from these companies. Per clinic policy, all prescriptions not filled through our pharmacy require a written prescription; Thereafter, it is the owner's responsibility to send any written prescriptions to the pharmacy of their choice.
   We will not approve prescriptions through outside pharmacies via phone, email, or fax due to liability reasons.
   d. All patients will be required to have annual exams to maintain a valid vet-patient relationship to continue filling prescriptions.
   e. All in-house pharmacy prescription refills must be called in at least 24 hours beforehand.

_____ I allow Peak City Veterinary Hospital to share photos of my pets via any/all multi-media platforms (including but not limited to website, promos, social media, etc.).

(if applicable, please initial)

Signature of Owner: _____ Date: _____

for staff use only: _____ *(in computer)*

PEAK CITY
VETERINARY HOSPITAL

PATIENT INFORMATION *(use additional sheet for multiple pets)*:

Name:_____ **Date of Birth**/Approximate age:_____

Breed:_____ **Color/Markings**:_____

Species: Canine / Feline **Gender**: M / F **Spay/Neutered**: Y / N

Previous Clinic for Records: _____

Does your pet have any preexisting conditions? _____

PATIENT INFORMATION *(use additional sheet for multiple pets)*:

Name:_____ **Date of Birth**/Approximate age:_____

Breed:_____ **Color/Markings**:_____

Species: Canine / Feline **Gender**: M / F **Spay/Neutered**: Y / N

Previous Clinic for Records: _____

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PATIENT INFORMATION *(use additional sheet for multiple pets)*:

Name:_____ **Date of Birth**/Approximate age:_____

Breed:_____ **Color/Markings**:_____

Species: Canine / Feline **Gender**: M / F **Spay/Neutered**: Y / N

Previous Clinic for Records: _____

Does your pet have any preexisting conditions? _____