



Newtown Veterinary Specialists

Emergency, Critical & Specialty Care

52 Church Hill Road • Newtown, CT 06470 • 203-270-VETS(8387) • 203-790-6383 • Fax 203-792-3104

Client Information

Date: _____

Client #: _____ Entered by: _____

Pet Owner's Name: _____

Spouse/Alt. Client: _____

First Last First Last

Address: _____

Street City, State Zip

Phone Numbers:

Primary #:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Alternate #:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Alternate #:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
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If you would be willing to fill out a brief survey regarding your visit, please provide us with an email address so that we may send you the link to our online survey. Please note that we do not sell this information or use for any other purpose.

Email Address: _____

How did you hear about us?

- Primary Veterinarian
 Saw Street Sign
 Previous Visit
 Yellow Pages- What town? _____
 Friend- Who? _____ (so we may thank them)
 Internet Search:
 YP.com
 Google
 Yahoo
 Superpages.com
 Other: _____

Pet Information

Pets Name: _____

Date of Birth or Approximate Age: _____

Cat Dog

Male Female Neutered/Spayed: Yes No

Breed _____ Color _____

Why is your pet here today: _____

Current Medications: _____

Who is your Veterinarian? _____ Hospital? _____

Please Sign The Following Authorization For Treatment

I hereby authorize the staff of Newtown Veterinary Specialists to render any treatment that is deemed necessary to my pet(s) health while in custody of the hospital. Should unexpected, life-saving emergency care be required, the staff will make every attempt to contact me or my designated representative before proceeding with treatment. If they are unable to contact me, NVS has permission to provide, and I agree to pay for, such care. I understand that I will be financially responsible for all emergency procedures including the Estimate of Charges provided to me in person or over the telephone. **I understand that professional fees are to be paid at the time services are rendered and a 75% deposit of the high estimate is required on all pets admitted to the hospital.**

Signature of Owner or Authorized Representative _____

Date _____