



373 Unser Blvd SE,
Rio Rancho NM
87124 505-314-8024
www.ZiaVet.com

New Client and Patient Form

Client Information

Primary Owners First and Last Name:		
Secondary Owner First and Last Name:		
Primary Phone Number:	<input type="checkbox"/> Cell	
<input type="checkbox"/> <i>I authorize that this number can be used for text message communications.</i>	<input type="checkbox"/> Home	
	<input type="checkbox"/> Work	
Secondary Phone Number:	<input type="checkbox"/> Cell	
<i>This phone number will NOT receive text messages.</i>	<input type="checkbox"/> Home	
	<input type="checkbox"/> Work	
Address:		
City:	State:	Zip Code:
Email:		

Information and Photo Release

ZPH maintains an internet presence for purposes including marketing and client education. Part of this presence includes photographs of our practice and its daily workings. Therefore, we may be interested in using images of your pet(s) and/or family as part of the effort to maintain, expand, and educate the public about our business and services, as well as including clients in every aspect of our practice. We may also use case information for purposes such as teaching, continuing education, website usage, and/or literature. I authorize the release of case/patient information for such purposes while patient confidentiality (names withheld) will be maintained.

☐ **(Initial) I DO** approve my pet's case information and/or photos to be used while maintaining patient confidentiality

☐ **(Initial) I DO NOT** approve of my pet's case information and/or photos to be used.

Please continue to the next page →



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New Patient Form

New Patient Information

Patients Name: _____

Species:	<input type="checkbox"/> Canine	<input type="checkbox"/> Feline	<input type="checkbox"/> Unknown	Breed:			
Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Neutered Male	<input type="checkbox"/> Spayed Female	<input type="checkbox"/> Unknown		
Approximate DOB:				Color:			
Is your pet microchipped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown				
Who is your regular or previous Veterinary Clinic?							
Is your pet aggressive with dogs, cats, or people?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown				
Has your pet had any previous vaccine reactions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown				
If yes, which vaccine?							
Does your pet have any allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown				
If yes, please describe:							

Treatment and Financial Authorization

- I, the owner, or authorized agent, of the pet(s) listed above verify that I am at least 18 years of age and authorize Zia Pet Hospital (ZPH) to perform examinations and medical procedures on my pet(s), i.e. prescribing medications, hospitalization, sedation, anesthesia, and/or surgical procedures, as required for treatment of my pet. I understand that I can terminate treatment at any time by contacting doctors, technicians, or staff.
- I understand that risk always exists with any treatments and that I am encouraged to discuss any concerns I have about those risks with the attending Veterinarian before any treatments or procedures are initiated. I understand that there is no stated or implied guarantee of successful treatment and that owner compliance and response to therapy determine if any further treatment is necessary along with associated costs.
- I understand that any false information (i.e. contact information), failure to pay balances, or failure to pick up my pet without making prior arrangements with ZPH; my pet will be deemed "abandoned". ZPH has full authority to do what is necessary for the care of your pet; including the transfer of your pet to the local animal shelter if needed.
- I understand that patient confidentiality is maintained by our staff and medical information will not be released without approval from owners or authorized agents. Updates on patients in the hospital will be restricted to those listed as owners, co-owners, or authorized agents only. If this animal transfers ownership, I authorize the release of medical information to the new owners, should they request it.
- I, the owner or authorized agent, agree to the use of Talkatoo. This may include recording and transcribing of my pet's appointment and future discussions regarding my pet's care using Talkatoo's technology. I am aware that Talkatoo does not store audio recordings or client personal information.

I, the owner or authorized agent, understand that this "Information and Photo Release" and "Treatment and Financial Authorization Form" will remain in effect for the duration of my pet's current and future veterinary care at Zia Pet Hospital.

I can notify ZPH at any time and update the form, but THE OWNER MUST BE PRESENT

Owners Signature: _____

Date: _____

Facility Use Only Below this Line

Information confirmed and uploaded to Provet.

Staff Initials: _____

Date: _____