



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

New Patient Form

Client Information

Owners Name:		
Primary Phone Number:		
Address:		
City:	State:	Zip Code:
Email:		

New Patient Information

Reason for Visit:

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 ever bitten anyone?	<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:				

Please continue to the second page →



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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. In the event that 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, have read and understand that I am legally responsible for all financial obligations and agree to authorize treatment for my pet(s).
- 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 indefinitely 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.

Printed Name: _____

Date: _____

Facility Use Only Below this Line

Information confirmed and uploaded to Provet.

Staff Initials: _____

Date: _____



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Owners Signature: _____

Facility Use Only Below this Line

Information confirmed and uploaded to Provet.

Staff Initials: _____

Date: _____