

## **New Client Information**

Welcome to our practice. Please fill out this information so we can best serve you and your pet(s). Thank you!

| Owner's Name:   | Co-Owner's Name: |         |        |
|---|------------------|---------|--------|
| Address:  | City:            | State:  | Zip:   |
| Phone #: Email:   |                  |         |        |
| In Case of EMERGENCY, Call:                             |                  | Phone # |        |
| Name of Previous Veterinarian/Clinic:                   |                  |         |        |
| Preferred communication method                          | Phone            | Email   | Text   |
| Please complete information for all pets with you today | Pet #1           | Pet #2  | Pet #3 |
| Pet's Name  |                  |         |        |
| Species (Dog, Cat, etc.)                                |                  |         |        |
| Breed   |                  |         |        |
| Description (Color and Markings)                        |                  |         |        |
| Age or Date of Birth (Approximate)                      |                  |         |        |
| Sex   | M - F            | M - F   | M - F  |
| Spayed or Neutered?                                     | Y - N            | Y - N   | Y - N  |

#### A few important notes;

- Payment is due in full at the time of service. If you have questions please inquire prior to examination. We accept cash, credit cards, CareCredit, and ScratchPay.
- Estimates are prepared for all procedures and deposits are required for most in-patient procedures.
- Rabies vaccination is required for all patients of Tender Touch Veterinary Hospital, as per Maine State Law. This includes all cats and dogs over the age of 16 (sixteen) weeks. Medical exemptions are rare and submitted at the discretion of the doctor.
- Your pet must be examined by a veterinarian a minimum of once every 12 months to maintain a current Doctor Client Patient relationship. We are unable to prescribe medications, including preventatives and prescription diets, or offer guidance for patients we do not have this relationship with.

I, being responsible for the above described animal(s), have the authority to grant you my consent to receive, prescribe for, and treat my pet(s).

Signature:

Date:



# Photo Release Form

I grant to Tender Touch Veterinary Hospital, its representatives and employees the right to take photographs of me and/or my pets, and to copyright, use and publish the same in print and/or electronically.

I agree that Tender Touch Veterinary Hospital may use such photographs of me and/or my pets with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

### O The above may take photos of my pets

### **O** The above may NOT take photos of my pets

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date:\_\_\_\_\_

The staff of Tender Touch Veterinary Hospital would like to make your pet's visit as stress free as possible. In an effort to help our patients not be scared or as nervous during hospital visits we are utilizing a popular and proven method called "Fear Free Veterinary Care".

This method is meant to have our team identify how your pet would prefer to be approached and handled to ensure their comfort and to decrease any stress they would normally experience at the veterinary clinic. We use safe distractions such as yummy treats for dogs and a birdfeeder to watch for cats.

If you have any questions about Fear Free Veterinary Care please ask our staff!



#### Fear Free Vet Visit Questionnaire

How would you describe your pet's reaction to going to the veterinary hospital?

- Eager and Excited
- Subdued/Restrained
- Reluctant
- Somewhere in between

Before the appointment, your pet prefers to wait in the:

Car Lobby Exam Room Outside Other

Your pet's favorite treats are:

Is anyone in the household allergic to peanut butter?

Does your pet like to play with toys? If yes, what kind?

Things your pet enjoys that helps as distraction during a medical procedure?

How does your pet behave in the car?

Does your pet show any signs of nausea with car travel, such as drooling or vomiting?

How would you describe your pet around other animals and people?

Does your pet have any sensitive areas that he/she does not like to have touched or examined by you?

Do any of these procedures your pet has not liked having performed at the veterinary hospital in the past or that seemed difficult for your or the staff to do?

Nail Trims Weight Temperature Ear Exam Blood Draw Other

Has your pet ever been prescribed any medications to help with a visit to a veterinary hospital? If so, which one?

Anything else you would like us to know to make the experience a better one?