

VetCare Internal Medicine Specialists, Inc

Stacey Hoffman, DVM, MS, DACVIM
Jason M. Eberhardt, DVM, MS, DACVIM

Client Information

Owner's Last Name _____ First Name _____

Spouse's / Significant Other's Name _____

Address _____ City _____ State: _____

Zip Code: _____ Email: _____ Owners Birthday: _____

Home # _____ Cell # _____ Work # _____

Referring Veterinarian's Name/Clinic
Name & Phone
Number: _____

Are you a United Pet Care client? _____ UPC Account #: _____

Are you a Care Credit Account Holder? _____ Care Credit Account # _____

Drivers License #/Exp Date/State: _____

VetCare Internal Medicine Specialists will charge a \$30.00 returned check fee on all returned checks. For Clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your carrier.

Pet Information

Pet's Name _____ Species: Feline Canine

Breed _____ Color _____ Age _____

Sex: Male / Female Neutered / Spayed

Pets Diet _____

Pets Allergies _____

Pets Medications _____

All Fees Are Due At the Time Services Are Rendered

I authorize and direct Stacey Hoffman, DVM, MS, DACVIM and Jason Eberhardt, DVM, MS, DACVIM to diagnose, prescribe and perform therapeutic procedures that their judgment may dictate to be advisable for the patient's well being. No warranty or guarantee has been made as to the result or cure. VetCare Internal Medicine Specialists may require a deposit before any treatment/procedure is performed.

Signature of Owner _____ **Date** _____

I Authorize VetCare Internal Medicine Specialists to use photos or case information for educational and/or printed materials without compensation or approval rights.

Signature of Owner _____ **Date** _____