

# Portsmouth Veterinary Clinic

**Primary Caretaker:**  
(Legally & Financially Responsible)

**Secondary Caretaker:**

\_\_\_\_\_  
(First name) (Last name)

\_\_\_\_\_  
(First name) (Last name)

Cell #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_

Work #: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

E-Mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Driver's License # & State: \_\_\_\_\_  
(Required For Checks)

Driver's License # & State: \_\_\_\_\_  
(Required For Checks)

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

-Which of the phone numbers that you provided would you prefer that we call first? \_\_\_\_\_

-Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

-Preferred method of payment: \_\_\_\_\_ (We Accept - Visa/MC/Discover/American Express/Check/Cash/Care Credit)

-How did you become aware of our hospital?  Hospital sign  Website  Internet

Yellow pages  Other  Personal recommendation – Whom may we thank? \_\_\_\_\_

\*In admitting my pet(s) for diagnostics, treatment or surgery, I authorize the veterinarians of Portsmouth Veterinary Clinic and their support staff, to administer such treatment and/or perform such diagnostics or surgical procedures as deemed medically necessary.

\***Photograph Release** – PVC **may / may not** use or post photographs with the name of my pet(s).  
(Circle One)

(Pictures may be used for identification and for any use and publication, without my name, for any lawful purpose, including publicity, illustration, advertising, social media and web content)

\*It is understood that an estimate of charges will be offered for services. Further, I realize that this is an estimate and there may be additional fees due to unforeseen changes in the treatment plan. I understand that I will be contacted, if possible, if there are any changes needed.

**Payment is due when services are rendered.**

Primary Caretaker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank You for giving the Portsmouth Veterinary Clinic the opportunity to care for your pet(s).*

**PET(s) INFORMATION**

1) Pet's name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_  
Date of birth \_\_\_\_\_ Sex \_\_\_\_\_ Neutered  Spayed

If previous Veterinary Facility paperwork is not in your possession for this pet today, please list as much information about the facility as you can so we can contact them for records.

(Ex. Name/Number/City/State) \_\_\_\_\_  
\_\_\_\_\_

Has your pet ever bitten anyone? \_\_\_\_\_  
Has your pet ever had a vaccine reaction? \_\_\_\_\_  
Is your pet on a prescription food? If yes, which one? \_\_\_\_\_

WHAT PRIOR ILLNESS OR SURGERY SHOULD WE KNOW ABOUT?

\_\_\_\_\_  
\_\_\_\_\_

2) Pet's name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_  
Date of birth \_\_\_\_\_ Sex \_\_\_\_\_ Neutered  Spayed

If previous Veterinary Facility paperwork is not in your possession for this pet today, please list as much information about the facility as you can so we can contact them for records.

(Ex. Name/Number/City/State) \_\_\_\_\_  
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WHAT PRIOR ILLNESS OR SURGERY SHOULD WE KNOW ABOUT?

\_\_\_\_\_  
\_\_\_\_\_

3) Pet's name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_  
Date of birth \_\_\_\_\_ Sex \_\_\_\_\_ Neutered  Spayed

If previous Veterinary Facility paperwork is not in your possession for this pet today, please list as much information about the facility as you can so we can contact them for records.

(Ex. Name/Number/City/State) \_\_\_\_\_  
\_\_\_\_\_

Has your pet ever bitten anyone? \_\_\_\_\_  
Has your pet ever had a vaccine reaction? \_\_\_\_\_  
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WHAT PRIOR ILLNESS OR SURGERY SHOULD WE KNOW ABOUT?

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