



Welcome to Gem Veterinary Clinic, your family veterinarian. Our goal is to provide high quality medical services with treatment options tailored to your pet and his/her condition and situation. We pride ourselves on treating pets as part of the family. We are proud to offer compassionate medicine, exceptional customer service and a team devoted to client education and communication.

Client Information # _____

Last name First name Spouse

Street address City/State/Zip

Home phone Work phone Cell phone

Email Social security Driver's license # (if paying by check)

How did you find out about us: Phone book Location Advertisement Other
Whom may we thank for referring you: _____

Authorization for treatment and financial policy

I am 18 years of age or older and authorize the veterinarians and staff of Gem Veterinary Clinic to examine my pet and administer treatment as is considered necessary for my pet's condition. An estimate will be prepared upon request. In emergency or life threatening situations I authorize stabilizing care upon arrival but no invasive or diagnostic treatment will be undertaken unless discussed with me. I understand that Gem Veterinary Clinic may refuse services for any reason.

I release Gem Veterinary Clinic of all liability in the event of injury, bite, fall or other circumstance that might cause injury while I/my family members am/are a visitor or patron at the clinic. I assume all risks and will take precautions regarding my and my family's safety.

I agree to pay for all services rendered on behalf of my pet at the time of discharge. We accept cash, check, Visa, MasterCard, and Care Credit.

Signature of owner or responsible party **Date**