

# Frontier Mobile Veterinary Service

Thank you for choosing Frontier Mobile Veterinary Service. Please take a moment to familiarize us with you and your pet. For your convenience you may print our Client Information Form and complete it before your pet's first appointment with us.

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

## Owner Information

Your Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Mailing Address (if different from above): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Emergency \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Other Names on this Account: \_\_\_\_\_  
Do you qualify for our senior discount (62 years or older)?  
 Yes, I and/ or my spouse qualify for the discount

## Pet Information

Name of your pet that we are seeing today: \_\_\_\_\_  
 Canine  Feline  Other \_\_\_\_\_  
Breed: \_\_\_\_\_  Male  Female  
Color: \_\_\_\_\_  Neutered  Spayed  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Is your pet currently taking medication:  Yes  No  
If yes, what medication is your pet taking and for what condition? \_\_\_\_\_  
Anything special we should know about your pet? \_\_\_\_\_  
Previous veterinary hospital (if transferring): \_\_\_\_\_

How did you hear about us?

- Yellow Pages  
 Referral, By Whom? \_\_\_\_\_  
 Newsletter, By Whom? \_\_\_\_\_  
 The Internet \_\_\_\_\_

Payment is expected at the time of service. Method of payment for today's services:

- Cash  Check  Credit

## Additional Pets Information

Name of your pet that we are seeing today: \_\_\_\_\_  
 Canine  Feline  Other \_\_\_\_\_  
Breed: \_\_\_\_\_  Male  Female  
Color: \_\_\_\_\_  Neutered  Spayed

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

Age: \_\_\_\_\_

Is your pet currently taking medication: Yes No

If yes, what medication is your pet taking and for what condition? \_\_\_\_\_

Anything special we should know about your pet? \_\_\_\_\_

Previous veterinary hospital (if transferring): \_\_\_\_\_

Name of your pet that we are seeing today: \_\_\_\_\_

Canine  Feline  Other \_\_\_\_\_

Breed: \_\_\_\_\_

Male

Female

Color: \_\_\_\_\_

Neutered

Spayed

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

Age: \_\_\_\_\_

Is your pet currently taking medication: Yes No

If yes, what medication is your pet taking and for what condition? \_\_\_\_\_

Anything special we should know about your pet? \_\_\_\_\_

Previous veterinary hospital (if transferring): \_\_\_\_\_

**Consent for Treatment:**

I am the owner, or an authorized representative of the owner, of the animal presented, have the authority to execute this Consent and am at least 18 years of age. I authorize and direct Dr. Jim Harvey of Frontier Mobile Veterinary Service and any designated assistant(s), to administer treatment as needed in his/their professional judgment on the basis of the findings during the course of evaluation, including without limitation, prescribing medication, testing and other diagnostic procedures as may be advisable for the animal's well being. I understand that I will be advised as to the nature of the treatment being performed and that I have been advised of and am fully informed of the risks involved and I am responsible for the decisions taken. I understand that no warranty or guarantee is made as to the results or cure.

An estimate of these fees will be provided at my request for the initial assessment and treatment for the animal presented. I realize that actual fees may differ from the estimate dependent on the animal's condition. I will be responsible for monitoring the ongoing fees and will be fully responsible for all fees incurred through the animal's diagnosis and treatment at the conclusion of the visit. I have read and understood this consent.

\_\_\_\_\_  
Signature of owner or agent / Date

**Due to the nature of house call practice, emergency services are often not readily available or practical. Traffic and scheduled appointments interfere with immediate response in cases of emergency. In addition, emergency clinics with state of the art diagnostics will give your pet the best chance for recovery.**

**If your pet exhibits any of these symptoms, please seek help right away:**

abdominal swelling or bloating

birthing problems (no puppy or kitten in 60 minutes)

breathing difficulty- rapid, noisy or labored breathing

difficulty urinating- do not delay even 1 day with a male cats, seek help immediately as this can be a life threatening situation

cold exposure

diarrhea with bleeding

eye disorders

fainting or collapse

head tilt

heatstroke (car temps on a mild (60's) sunny day can reach 120 in minutes)

hind limb paralysis or weakness

pain- pets are not always vocal, often they are quiet, less active or interactive, or do not do regular activities normally, call if you are unsure

poison ingestion, any and all label information is crucial

prolonged diarrhea

prolonged fever- below 100.5 or above 102.5

prolonged loss of appetite, less than 2 days in the very young or old

prolonged or heavy bleeding

repeated vomiting or retching without passing anything

restlessness or inability to settle down

seizures lasting more than 3-4 minutes or repeated seizures within 24 hours

snake bite

weakness or lethargy- not getting up to eat or drink, go outside or use the box, or not getting up to greet you

vaccine reaction- please note that a normal response to vaccination includes malaise, low grade fever, reduced appetite or energy and sometimes discomfort at the site. If these symptoms seem severe, last more than 24 hours or are accompanied by signs of a hypersensitivity reaction (swelling around the face, trouble breathing, severe rash) within 72 hours, seek veterinary care immediately, do not delay. Dogs may become overly excited, immediately vomit or defecate, have difficulty breathing and/ or collapse. Cats may scratch or rub their faces with intense itch, salivate or drool, vomit, have difficulty breathing and/ or collapse. (True hypersensitivity is as rare in pets, as in people.)

vomiting with blood

white, bright red, bluish, brown or yellow gums

**While sick pets or minor injuries can be scheduled to be seen, in case of immediate emergency needs (such as above) be aware of the local emergency hospitals serving the Lake Norman/Lincolnton area:**

*Carolina Veterinary Specialists Huntersville: 704-949-1100*

*Carolina Veterinary Specialists Charlotte: 704-504-9608*

*Veterinary Emergency Clinic of Gaston County: 704-866-7918*

*Veterinary Referral Hospital of Hickory: 828-328-2660*

**We also have an agreement for radiologic, surgical and in hospital treatments with:**

*Lincolnton Animal Hospital: 704-732-0728*