



It's the Menks' Mobile!

Dr. Menks' Mobile Vet Care

2508 N543 PR NE
Benton City, WA 99320
(509) 438-4800

NEW PATIENT FORM

Thank you for choosing Dr. Menks' Mobile Vet Care!
In order to serve you and your pet(s) better, please complete the following information

Owner's Information

Name: _____ Phone: (____) _____

Current Address: _____ City: _____ State: _____ Zip: _____

Drivers License: _____ Expiration Date: _____ State: _____

Place of Employment: _____ Work Phone: (____) _____

Spouse's Name: _____ Work Phone: (____) _____

Owner's email address: _____

Is the person filling out this form the owner of the pet being seen by the doctor?

Yes [] No [] if no please explain your relation. _____

Name: _____ Phone: (____) _____

If you answered no above please provide our staff with the proper paperwork allowing the pet to be treated. Acceptable form of authorization include but are not limited to a letter from the owner that is signed and dated (by the owner), a power of attorney or a verbal confirmation with our staff of ownership along with authorization for payment.

Your Pet's Information

Name: _____ Breed: _____ Date of Birth: _____

Is your pet microchipped? Yes [] No [] If yes what is the microchip number? _____

Gender: Male [] Male/Neutered [] Female [] Female/Spayed []

Is your pet current on his/her vaccines? Yes [] No [] When was his/her last vaccines: _____

Does your pet have allergies? Yes [] No [] If yes please explain: _____

I hereby authorize the Doctor(s) at Dr. Menks' Mobile Vet Care to perform the diagnostic, therapeutic and/or surgical procedures that the attending Doctor(s) believes are necessary and advisable for the treatment and maintenance of my pet's health. I also authorize Doctor(s) and staff to provide any other veterinary services that I have requested, now and in the future. In emergency circumstances staff members are also authorized to provide for emergency care as needed for my pet(s).

I have read and understand this agreement in its entirety. I also understand that I can terminate care and have all records sent to any other Veterinary Hospital or to me at any time requested in writing or by simply calling the attending Doctor.

While I accept all procedures to be completed to the best of the abilities of the hospital and it's staff, I realize that no guarantee or warranty can be made regarding a cure or the results of treatment.

I agree that I assume all financial responsibility for all services rendered and that all services will be paid in full immediately upon billing.

Signature (owner/agent)

Date