



# MODERN VETERINARY CLINIC

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AL WASL ROAD, DUBAI, www.vetdubai.com

### MEDICAL RECORD-HOSPITAL USE ONLY

CLIENT ID # \_\_\_\_\_  
EMAIL ENTERED \_\_\_\_\_  
REFERRAL RECORDED \_\_\_\_\_

## NEW CLIENT MEDICAL REGISTRATION FORM

Thank you for giving us the opportunity to care for your pet(s)

So that we may become better acquainted, please complete the following:

### CLIENT INFORMATION

Name \_\_\_\_\_  
Driver's License/ I.D. # \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_  
P.O. Box \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

### PATIENT INFORMATION

Name \_\_\_\_\_  
Species K9  FEL  EXOTIC   
Gender M  F   
Spayed/neutered YES  NO

D.O.B./Age \_\_\_\_\_  
Food currently fed \_\_\_\_\_  
Microchipped YES  NO

Authorized agent (e.g. friend, spouse, siblings)  
\_\_\_\_\_

Name of previous veterinary care  
\_\_\_\_\_

How did you hear about us?

Internet  Personal Referral  Word-of-mouth  Drive-by  Other \_\_\_\_\_

### TREATMENT AUTHORIZATION

I hereby authorize the Modern Veterinary Clinic (MVC) to perform medical and initial diagnostic/surgical procedures on this animal as required for diagnosis and treatment. I understand that I can terminate the treatment at any time by contacting the Modern Veterinary Clinic.

### FINANCIAL POLICY

Payment is due as services are rendered. For hospitalized/admitted cases, a deposit is required in advance. The balance is due upon discharge from the hospital. Payments can be made by cash, and accepted credit cards. We will happily provide a written estimate as to the probable costs of a course of treatment. All estimates are approximate and may be subject to change. In order to avoid a misunderstanding, please send us an official document to explain the terms that may be deemed unsatisfactory. Failure to pay bills on time may result in billing, finance charges and/or costs of any collection fee incurred.

I verify that all the information provided is accurate.

Signature of Responsible Agent for Pet \_\_\_\_\_ Date \_\_\_\_\_

