



ONCOLOGY CLIENT FORM

Client Information (Please Print)

Primary Owner's Name: _____

Secondary Owner's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Primary Email: _____

Secondary Phone: _____ Secondary Email: _____

Best Number to Reach You: Primary Secondary

Primary Provider Information

Primary Vet Clinic: _____

Veterinarian's Name: _____

Primary Vet Email: _____ Primary Vet Phone: _____

Additional Clinic Recently Visited: _____

Patient Information

Pet Name: _____ Date of Birth: _____

How long have you owned your pet? _____

Species: _____ Breed: _____ Sex: Male or Female

Spayed / Neutered? Yes No If spayed/neutered, at what age? _____

Do you have other pets in the home? Yes No Is your pet primarily: Indoor Outdoor Both

Previous and/or ongoing medical problems or issues? _____

Does your pet have any known allergies or adverse reactions to medications? _____

What is your pet's current diet? _____

Does your pet have any food allergies? _____

What are your pet's current medications / supplements? _____

What are your goals for your pet's consultation? _____

Photo Consent

I hereby grant Wake Veterinary Medical Center permission to take photographs of my pet(s), and to publish those photographs for any lawful purpose, including but not limited to their website, social media accounts, and promotional materials either digital or in print, in perpetuity. I understand that Wake Veterinary Medical Center will not use my name or my pet's name.

By electronically signing this form I authorize Wake Veterinary Medical Center to edit and share the photograph(s) mentioned above. I also waive any rights of privacy or compensation associated with the use of my pet(s) image(s) for the personal or commercial purposes outlined above.

Evaluation & Treatment

I hereby consent to and authorize the provision of medical evaluation, treatment, and care by Wake Veterinary Medical Center as deemed necessary. I understand that such care may include examinations, diagnostic procedures, and routine treatments. I acknowledge that I have the right to ask questions and to refuse any treatment at any time, and that no guarantees have been made regarding the results of care.

By signing below, you acknowledge, fully understand, and consent to the Wake Veterinary Medical Center Photo Consent Policy and Evaluation & Treatment Policy.

Signature _____

Date _____