

# Registration Form

*Please print*

## Owner information

Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home phone (     ) \_\_\_\_\_ Work phone (     ) \_\_\_\_\_

Cell phone (     ) \_\_\_\_\_ Preferred phone (     ) \_\_\_\_\_

E-mail address \_\_\_\_\_

Agent/Trainer/Transporter name \_\_\_\_\_

Agent/Trainer/Transporter phone number (     ) \_\_\_\_\_

## Pet/Animal information

Name/ID \_\_\_\_\_ Breed \_\_\_\_\_

Reason for this visit: \_\_\_\_\_

Species:  Dog      Cat (  Short hair      Medium hair      Long hair )

Horse      Alpaca      Cow      Goat      Llama      Pig      Sheep

Other, please specify \_\_\_\_\_

Sex:  Male      Castrated male      Female      Spayed female      Unknown

Age/Date of birth \_\_\_\_\_ Color \_\_\_\_\_

*Please see other side to complete additional questions*



**THE OHIO STATE UNIVERSITY**

VETERINARY MEDICAL CENTER

601 Vernon Tharp Street  
Columbus, OH 43210

[vet.osu.edu/vmc](http://vet.osu.edu/vmc)

## Registration Form - page 2

*Please print*

### Regular veterinarian information

Clinic name \_\_\_\_\_

Veterinarian's name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone number (     ) \_\_\_\_\_ Fax number (     ) \_\_\_\_\_

*(Please advise Client Services if you have more than one veterinarian for your pet/animal)*

### Please check any that apply *(proof of membership will be required)*

- I am a Golden Buckeye Card holder
- I am a College of Veterinary Medicine faculty / staff / student / retiree
- I am an Ohio State faculty / staff member

### How did you hear about us?

- My veterinarian referred me
- Family / friends
- Website
- Advertising (please describe) \_\_\_\_\_
- Other (please describe) \_\_\_\_\_

### Signature

Owner signature \_\_\_\_\_ Date \_\_\_\_\_

Agent signature \_\_\_\_\_ Date \_\_\_\_\_

*Please complete both sides of this form*





*affix medical records sticker here*

# General Consent Form

## Agreement

The following agreement is made between The Ohio State University Veterinary Medical Center (VMC) and the owner of the animal being presented for care (Owner) or the presenting agent of the owner (Agent).

- The VMC agrees to provide diagnostic, therapeutic or preventive care to the animal being presented.
- As Owner/Agent of this animal, I give permission to the Veterinary Medical Center faculty, staff and students to perform diagnostic, therapeutic or preventive procedures as deemed advisable by the attending clinician after consultation with me.
- The Owner/Agent agrees to pay all charges associated with this visit at the time of the animal's release.
- It is understood that information from the animal's medical record, fluid and/or tissue samples taken during medical care, and images may be used for teaching or clinical investigation purposes.
- It is understood that other veterinarians who care for this animal will have access to the medical record.
- I authorize the VMC to provide a copy of my animal's medical record to my insurance company upon their request:  Yes  No  N/A

Name of Insurance Company: \_\_\_\_\_

- The VMC does not participate in third party billing. If my animal does have an insurance policy, I agree to pay all charges associated with this visit at the time of the animal's discharge.
- I understand that the VMC treatment team includes a licensed social worker whose role is to provide support to VMC clients and case consultation to the veterinary team when requested. I further understand that these services are free of charge and I have a right to refuse services.

In the event of an emergency:

- I **CONSENT** to Cardiopulmonary Resuscitation (CPR)
- I **DECLINE** Cardiopulmonary Resuscitation (CPR)

*This signed authorization will become part of the medical record and will remain in effect until revoked by the client.*

I certify that I have read and fully understand this authorization. I hereby release The Ohio State University, its faculty, staff and students from any and all claims, except claims for negligence, arising out of or connected with the medical care of the above described animal.

***I am the Owner of the animal being presented for care and am over 18 years of age.***

Owner Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

***I am the Agent of the owner of the animal being presented for care and am over 18 years of age.***

Agent Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

VMC  
Witness Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_