

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

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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 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.

Authorization to Digitally Record - For Companion Animals Only

Teaching fourth-year veterinary students how to communicate and interact professionally with clients and colleagues is an important part of their education. We may choose to digitally record real-life interactions with clients so timely feedback can be provided on how to improve communication techniques.

- YES**, I, on my own behalf and on behalf of my minor children if applicable, grant full permission for interactions between myself and any such minor children, veterinary students and veterinary professionals involved in the care of this animal to be observed and/or recorded for teaching purposes only. I understand that the recordings will be the property of the VMC. I release the VMC from liability for any violations of any personal or proprietary rights.
- NO**, I do *not* grant permission for interactions between myself, or my minor children if applicable, veterinary students and veterinary professionals involved in the care of the animal to be recorded.

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: _____

Veterinary Medical Center

Witness Signature: _____ Printed Name: _____ Date: _____