

Triangle Veterinary Hospital
3301 Old Chapel Hill Road
Durham, NC 27707
919-489-2391 FAX 919-489-0853

New Client/ New Patient Registration

Owner _____
Driver License Number & State or Social Security Number* _____
Spouse's Name _____
Address _____ City _____ State _____ Zip _____
Phone Numbers: Home _____ Work _____ Mobile _____
Email Address: _____
Place of Employment: _____
How did you learn of our clinic: Yellow pages Recommendation Sign other _____
If recommended, by whom? _____

Pet Health History

Name of pet: _____ Dog Cat Other, specify: _____
Breed: _____ Color: _____ Birth date: _____
__ Male Intact or __ Male Neutered __ Female Intact or __ Female Spayed

Reason for today's visit: _____

Please provide documentation of your pet's vaccinations.

Pet's current medications: _____

Describe your pet's diet: _____

Please check any symptoms or problems you have noticed about your pet.

- | | | |
|---|---|--|
| <input type="checkbox"/> Behavior Problems | <input type="checkbox"/> Lack of appetite | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Bleeding Gums | <input type="checkbox"/> Limping | <input type="checkbox"/> Increased Thirst |
| <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Loss of Balance | <input type="checkbox"/> Increased Urination |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Scooting | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Scratching | <input type="checkbox"/> Weakness |
| <input type="checkbox"/> Eye Bulging or Bloodshot | <input type="checkbox"/> Depression | <input type="checkbox"/> Shaking Head |
| <input type="checkbox"/> Gagging | <input type="checkbox"/> Other: _____ | |

Authorization

We are unable to see your pet without this section completed & signed!

Method of payment: __ Cash __ Check __ Visa __ MasterCard __ Discover __ Care Credit __ Amex

I hereby authorize the veterinarian to examine, prescribe for, or treat the above pet. I assume responsibility for all charges incurred in the care for this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner: _____ Date: _____

*Please see reverse for our Privacy Policy

Privacy Policy
Effective April 1, 2008

Privacy Notice Table Of Contents:

- Our Commitment To Privacy**
- The Information We Collect**
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- Our Commitment To Data Security**
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- How You Can Access Or Correct Your Information**
- How To Contact Us**

Our Commitment To Privacy

Your privacy is important to us. To better protect your privacy we provide this notice explaining our information practices and the choices you can make about the way your information is collected and used.

The Information We Collect

This notice applies to all information collected or submitted to Triangle Veterinary Hospital. The types of personal information collected are:

- Name
- Address
- Email address
- Phone number
- Credit/Debit Card Information
- Social Security Number
- Driver License Number & State

The Way We Use Information

We use the information you provide about yourself to document ownership of your pets brought to us. We do not share this information with outside parties except: if required by law or regulation; if your pet is abandoned with us; if you refuse to pay or if your payment (such as personal check) is invalid or declined; for insurance purposes; or to the extent necessary to complete any vendor promotions you elect to participate in.

Finally, we never use or share the personally identifiable information provided to us in ways unrelated to the ones described above without also providing you an opportunity to opt-out or otherwise prohibit such unrelated uses.

Our Commitment To Data Security

To prevent unauthorized access, maintain data accuracy, and ensure the correct use of information, we have put in place appropriate physical, electronic, and managerial procedures to safeguard and secure the information we collect.

Our Commitment To Children's Privacy

Protecting the privacy of the very young is especially important. For that reason, we never collect or maintain information from those we actually know are under 13.

How You Can Access Or Correct Your Information

You can access all your personally identifiable information that we collect and maintain by personal request. We may ask for a reasonable period of time to grant access depending on volume of business. We use this procedure to better safeguard your information.

You can correct factual errors in your personally identifiable information by sending us a request that credibly shows error.

To protect your privacy and security, we will also take reasonable steps to verify your identity before granting access or making corrections.

How To Contact Us

Should you have other questions or concerns about these privacy policies, please call us at (919) 489-2391 or send us an email at tvh@trianglevet.com.