

CLIENT INFORMATION

Date _____

Name _____ Spouse's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____ Spouse's Cell _____

Place of Employment _____ Best Time to Reach You _____

Driver's License # _____ Social Security # _____

Email Address _____

All fees are due at the time services are rendered (Signature) _____

How did you become aware of our clinic? Drove by Shelter Rescue Organization

Online Mail out/Coupon

Who can we thank for recommending us to you? _____

Previous veterinarian _____

Patient information	Pet A	Pet B	Pet C	Pet D
Does your pet have a microchip (Y/N)				
Name				
Breed				
Date of Birth				
Color				
Male or Female				
Spayed or Neutered(Y/N)				
Insurance Provider				

I, _____, grant THE PET HOSPITALS to its representatives and employees the right to take photographs of me and/or my pet, and use and publish the photos in print and/or electronically.

I agree that THE PET HOSPITALS may use such photographs of me and/or my pet with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, social media and other web content.

The above may take photos of me and/or my pet **The above may NOT take photos of me and/or my pet**