



we know pets

CLIENT INFORMATION

Date _____
 Name _____ Spouse Name _____
 Address _____ Apt # _____ City _____ State _____ Zip Code _____
 Cell Phone _____ Work # _____ Spouse Cell _____ Home Phone _____
 Email Address: _____

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

How did you become aware of our clinics? Drove by Online Shelter Rescue Organization
 Website Referral (Who can we thank for recommending us to you) _____

Previous Veterinarian _____

Patient Information	Pet 1	Pet 2	Pet 3	Pet 4
Pet's name				
Does your pet have a microchip (Y/N)				
Breed				
Date of Birth				
Color				
Male or Female				
Spayed or Neutered (Y/N)				
Insurance				

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