

**Welcome!**

Thank you for giving us the opportunity to care for your pet(s). To ensure the best care possible, please take the time to fill out this form completely. Thank you!

Primary Owner: \_\_\_\_\_ Secondary Owner: \_\_\_\_\_

Legally, the primary owner must be over 18 and able to make financial/medical decisions.

Is the secondary owner over 18 and able to make financial/medical decisions? YES / NO

Relationship of secondary owner to primary owner? \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Owner Number: \_\_\_\_\_ Secondary Owner Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about our clinic?  Neighborhood  Internet/Google  Social Media

Personal Referral: \_\_\_\_\_

Clinic Referral: \_\_\_\_\_

Other: \_\_\_\_\_

Previous Veterinary Clinic: \_\_\_\_\_

May we use photos of your pets and family on our website and social media? YES / NO  
(We do not use any identifying information beyond your pet's name.)

**By signing this form, you agree that you are over 18 and bound by our Client Responsibility and Client Information Terms (found on the back side of this page.)**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Patient Information	Pet	Additional Pet	Additional Pet
Name			
Species and Breed			
Age or Date of Birth			
Color			
Sex			
Spayed/Neutered?			

### **Client Responsibility:**

All persons under 18 years of age must be accompanied by a responsible party prepared to make financial and medical decisions.

We do not grant credit to our clients and expect full payment at the time services are rendered. If your pet is treated and hospitalized, you may be asked to pay 50% of estimated cost at the time of hospitalization. You also agree to pay your bill in full at the time of discharge. In the event that you fail to fully pay your bill on receipt, you agree to pay us a monthly service charge of \$2.00 per month and 1.5% of your total unpaid bill outstanding as of the date of billing. Failure to make timely monthly payments will require us to use collection remedies and you agree to pay us for all costs of collection including attorney fees.

### **Client Information:**

We will never sell or distribute your personal information. To provide you with healthcare reminders (for example, to notify you that your pet's vaccines are expiring or that your pet is due for an examination) we utilize an integrated third party service called Rapport.

Your information is used by Rapport to send emails, text messages, and postcards, and to give you access to your pet's records via an online portal. Your portal allows you to check your pet's vaccination status, submit refill requests, book appointments online and more. It also allows you to select the ways you would like to receive reminders, or opt out of receiving communications from our clinic. You are automatically opted in to postcards, text messages, and emails.

If you have any questions about the way your information will be used, or need assistance setting your preferences, please let us know!