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Welcome! Thank you for entrusting your companion to our care.



**CLIENT INFORMATION:**

Your Name: Spouse’s Name:

Address City: State: Zip:

E-mail Address:

Home Phone: Cell Phone: Work Phone:

Place of Employment: City:

How did you learn of our clinic? Newspaper Sign Yellow Pages Internet Facebook

If recommended, by whom:

**METHOD OF PAYMENT:** Cash Check Visa Mastercard Discover Care Credit

Social Security # OR Driver’s License # \_\_\_\_ State Your DOB: \_\_\_\_\_\_\_\_\_\_

**RELEASE OF INFORMATION:**

The State of Missouri requires consent of the veterinary client prior to the release of any information regarding veterinary patients to another veterinary hospital, clinic, boarding or grooming facility, humane society or shelter. In addition, pet microchip companies, as well as individuals who find your pet, may contact us in efforts to return your lost animal to you. Do you grant consent to release pet records and/or your contact information to anyone requesting this information?  Yes  No

Do we have permission to post photos to our clinic social media formats (ie: Facebook)?  Yes  No

**AUTHORIZATION:**

I authorize the veterinarian to examine, prescribe for, or treat any animals I present. I assume responsibility for all charges incurred for these animals. **I ALSO UNDERSTAND THAT THESE CHARGES WILL BE PAID AT THE TIME OF RELEASE** and that a deposit will be required for surgical treatment. Any fees incurred in collection of unpaid bills or returned checks will be my responsibility.

**Signature of responsible party: Date:**

Entered by Clinic Staff: