New Client Form

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Preferred Pronoun: _____ Phone Number: _____

E-mail Address: _____ *Please be aware that doctors will normally email with lab results*

Co-Owner First Name: _____ Last Name: _____ Phone #: _____

Additional Authorized Agent(s): _____ Phone #: _____

*Please list <u>all</u> authorized agents, we are unable to give any information to anyone that is not authorized on the account.
*Please write legibly or you may be asked to re-submit forms.

Pet #1:

Name: _____ Sex: _____
Species: _____ Spayed/Neutered Yes ☐ No ☐
Breed: _____
Color: _____ DOB/Age:_____
Previous Veterinarian (if any): _____

_____

Pet #2:

Name: _____ Sex: _____
Species: _____ Spayed/Neutered Yes ☐ No ☐
Breed: _____
Color: _____ DOB/Age:_____
Previous Veterinarian (if any): _____

_____

* Payment is due at time of service.

Form of payment to be used: ☐ Credit/Debit ☐ Cash ☐ CareCredit ☐ Check

Check is only accepted in special circumstances, for long-term clients. Please inquire with reception if necessary.

I authorize the veterinarian to examine, prescribe for, and treat my pets. I assume responsibility for all charges incurred in the care of these pets and understand that full payment is due at the time of service.

Client Signature: _____

You must be 18 years of age or older to authorize medical treatments.

PET PHOTO CONSENT FORM (Optional)

I, _____, hereby grant <u>Union Avenue Veterinary Hospital</u> permission to use any photographs taken of myself or my pet, in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become your property and will not be returned. I hereby authorize to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing your programs or for any other lawful purpose. In addition, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby release rights to all claims, demands, and causes to action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf of my estate have or may have by reason of this authorization. In signing this consent, I give authorization to use my name and my pet's name and information as printed below.

_____ Pet's Printed Name

_____ Owner's Signature   Date _____

_____ Owner's Printed Name