

# Welcome to Proctorville Animal Clinic!

*We appreciate the opportunity to care for your pet. To ensure your pet receives the best care we can offer, please fill out this form completely.*

*In order to register a patient with us, you must be at least 18 years old and provide a photo I.D.*

## Client Information:

Owner's Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

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

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell /Alternate: (\_\_\_\_\_) \_\_\_\_\_

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

Previous Veterinarian(s) name and number: \_\_\_\_\_

**The following information is REQUIRED and is STRICTLY CONFIDENTIAL:**

Social Security No. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Driver's License No. \_\_\_\_\_

## Pet Information:

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Color/Pattern: \_\_\_\_\_ Birth Date or Age: \_\_\_\_\_ Sex: ☐ M ☐ F Spayed/Neutered: ☐ Y ☐ N

### \*\*\* Authorization: \*\*\*

*We will gladly prepare a written estimate if you desire. Please ask the veterinary technician or doctor taking care of your pet.*

*By signing below, I hereby authorize the veterinarian to examine, diagnose, treat, or prescribe for the above described pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. For your convenience, we accept cash, check, Visa, MasterCard, Discover, American Express and Care Credit. There will be a \$35.00 service charge for any returned check.*

**Signature of Responsible Party:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### \*\*\* Photo Release: \*\*\*

*At Proctorville Animal Clinic, we love celebrating our patients! With your permission, we may take photos of your pet for use on our website, social media, or educational materials.*

☐ Yes, I give permission for my pet's photo(s) to be used by Proctorville Animal Clinic for promotional, educational, and social media purposes.

☐ No, I do not give permission for my pet's photo(s) to be used.

*I understand that no compensation will be provided for the use of these images, and that Proctorville Animal Clinic will not disclose personal client information alongside photos. (· I may revoke this consent at any time by providing written notice to Proctorville Animal Clinic.)*

**Signature of Responsible Party:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

*The information on this form is strictly confidential and is to be used only by this practice to provide care and treatment for your pet.*