

## Client Information

First Name(s): _____ Last Name: _____	Email: _____
Street Address: _____ City: _____ State: ___ Zip: _____	Facebook handle: _____ Instagram handle: _____
Phone Number (Primary): _____ Phone type: _____ Phone Number (Secondary): _____ Phone type: _____	How did you find out about our clinic? _____ Referral (friends/family): _____ Referral (other veterinary clinic): _____ Other: _____
Secondary/Emergency Contact: _____ Relationship: _____ Phone Number: _____ Phone type: _____	Secondary Contact Email: _____

## Photo Consent

Do you think your pet is just the cutest? So do we! We enjoy posting cute photos to our Facebook and Instagram pages, but will only do so with your consent.

I consent to *Fox Run Veterinary Hospital* that they may use photographs of me and/or my pet(s) with or without my name and for any lawful purpose, including such purposes as publicity, illustration, advertising and web content.

- I consent that Fox Run Veterinary Hospital may take photos of me and/or my pets.  
 I DECLINE photographs to be taken or used of my pets or myself

## Pet Information

Pet's Name:	Species:	Color:
Breed: Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Age/Birthday:	Spayed/Neutered: <input type="checkbox"/> Y <input type="checkbox"/> N
Pet's Name:	Species:	Color:
Breed: Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Age/Birthday:	Spayed/Neutered: <input type="checkbox"/> Y <input type="checkbox"/> N
Pet's Name:	Species:	Color:
Breed: Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Age/Birthday:	Spayed/Neutered: <input type="checkbox"/> Y <input type="checkbox"/> N
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Breed: Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Age/Birthday:	Spayed/Neutered: <input type="checkbox"/> Y <input type="checkbox"/> N

Previous veterinarian(s) we can call for records (name and city/state): \_\_\_\_\_

## Authorization

*I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for the care of this animal. I understand that these charges will be paid at the time of service.*

Signature: _____	Date: _____
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