

Client Information

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|--|---|
| 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 |
| 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 |

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.

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| Signature: _____ | Date: _____ |
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