



## Welcome to the Animal Clinic!

Please fill out this form as completely as you can. If you have any questions, we'll be glad to help you. We look forward to working with you and your pets. Thank you for choosing the Animal Clinic, a program of the Humane Society of Sarasota County.

### OWNER INFORMATION

Owner #1 Name \_\_\_\_\_ Phone # \_\_\_\_\_

Owner #1 Email Address \_\_\_\_\_

Owner #1 Physical Address \_\_\_\_\_

County of Residence \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner #1 Mailing Address (if different) \_\_\_\_\_

Owner #2/ Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

Owner #2 Email Address \_\_\_\_\_

How did you hear about the Animal Clinic? \_\_\_\_\_

### PET INFORMATION

Pet Name(s)	Cat/Dog	Male/Female	Neutered/Spayed?	DOB (or estimate)	Breed	Color
Pet #1	_____	_____	_____	_____	_____	_____
Pet #2	_____	_____	_____	_____	_____	_____
Pet #3	_____	_____	_____	_____	_____	_____
Pet #4	_____	_____	_____	_____	_____	_____

Do you have your pet(s) records? Yes \_\_\_\_\_ No \_\_\_\_\_

Previous Veterinarian's Name/Office Phone # (if copy not available) \_\_\_\_\_

### SOCIAL MEDIA/PHOTO/VIDEO RELEASE

I hereby grant the Animal Clinic of the Humane Society of Sarasota County, its employees or agents, permission to use any photographs taken of myself or my pets, in any and all of its publications and media, without payment or any other consideration. I understand and agree that these materials will become the property of the Animal Clinic of the Humane Society of Sarasota County and will not be returned. I hereby authorize the Animal Clinic of the Humane Society of Sarasota County to edit, alter, copy, exhibit, publish, or distribute these photos for purposes of publicizing their programs, for education, or for any other lawful purpose.

PLEASE INITIAL: I AGREE \_\_\_\_\_ I DECLINE \_\_\_\_\_

### TERMS OF SERVICES

Payment in full is required at the time services are rendered. We accept the following methods of payment: Cash, Debit, Visa, MasterCard, Discover and American Express. WE DO NOT ACCEPT PERSONAL CHECKS. We will gladly prepare a written estimate of services and fees if you desire (please ask the doctor or tech). All professional fees are due at the time services are rendered. I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pets. I assume responsibility for all charges incurred in the care of these animals. All information I have provided here is true to the best of my knowledge. I have read and understand the terms of service. I hereby certify I am the owner or appointed agent of the above pets.

Signature of Client Responsible for Pet(s) \_\_\_\_\_ Date \_\_\_\_\_