



HSSC
 THE HUMANE SOCIETY
 OF SARASOTA COUNTY

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.

Client Information

First Name: _____ Last Name: _____

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

County of Residence: _____ Phone Number: _____

Email: _____

Preferred Method of Contact: Phone Call Text E-mail

Co-Owner of pet: _____ Phone Number: _____

How did you hear about the Animal Clinic? _____

Patient Information

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

Do you have your pet(s) medical records? Yes No
 Is your pet microchipped? Yes No Not Sure

Previous Veterinarian's Name/Office Phone # _____

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 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 _____