



Welcome to our clinic!
Thank you for giving us the opportunity to care for your pet.

New Client Information

Date _____ Email _____ Chart # _____
Owner's Name _____ Spouse/Other _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____
Employer's Name _____
Spouse/Other Employer's Name _____ Work Phone _____
At what time is the best to call you about your pet? _____ At which number?

Emergency Contact _____ Phone _____
How did you hear about us?
 Internet Friend Relative Yellow Pages Our sign/advertisement Doctor
Name of friend, relative, or referring doctor? _____

Pet Information

New Patient Name _____	Species (Dog/Cat/Other) _____
Breed _____	DOB _____ Age _____
Color _____	Male/Female _____ Altered? _____
New Patient Name _____	Species (Dog/Cat/Other) _____
Breed _____	DOB _____ Age _____
Color _____	Male/Female _____ Altered? _____

Please provide your previous veterinarians information so we can obtain pet's medical records.
Name _____ **Phone** _____

Authorization

I hereby authorize a veterinarian to examine, prescribe for and treat the above described pet(s). I assume responsibility for all charges incurred in care of this animal. I also understand that these charges are to be paid when my pet is discharged, and that a deposit may be required for surgical or other treatment.

Signature of Owner _____ Date _____
Driver's License Number _____ State _____

Pet Photo Release

We think your pet is PAWS-itively perfect and want everyone to know!

I give Garland Animal Clinic permission to use photos and names for any promotional medium including, but not limited to; website, video, and electronic means for advertising such as social media, and exhibition.

Further, you also agree to release Garland Animal Clinic from all claims for libel, slander, invasion of privacy, infringement and copyright or right of publicity or any other claim and confirm that you are over the age of 18 years old.



Signature of Owner _____ Date _____