

**Client Information:**

**Owner's Name:** \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Employer Name & Phone: \_\_\_\_\_

**Co-Owner/Spouse Name:** \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Employer Name & Phone: \_\_\_\_\_

**How'd you hear about us:** Online ( ) Drive by/walk in ( ) Word of mouth ( ) Client ( )

Would you prefer vaccination reminders to be sent via: Mail ( ) Email ( ) Both ( ) Neither ( )

Payment is expected at the time of services rendered. Please check form of payment you plan to use:  
Cash ( ) Check ( ) Debit ( ) Credit Card ( )

**Financial Policy:** Payment for services is expected at the time of release or when services are rendered. It is agreed that past due accounts are subject to an administrative fee of up to \$50. Missed appointments are expensive, time and staff have been arranged just for you. In an effort to limit missed appointments, all clients are subject to a non-refundable deposit prior to scheduling next appointment if appointment is not re-scheduled or cancelled within 24 hours.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Patient / Pet Information:**

Pet's Name: _____
Species: <b>Dog</b> ( ) <b>Cat</b> ( ) <b>Other:</b> _____
Breed: _____
Age Or Birthdate: _____
Color/Description: _____
Gender: <b>Male</b> ( ) <b>Neutered</b> ( ) <b>Female</b> ( ) <b>Spayed</b> ( ) <b>Pregnant: Yes</b> ( ) <b>No</b> ( )
Identification: Microchip: Yes ( ) No ( ) Maybe ( )
May we use digital photos of your pet for marketing purposes? Yes ( ) No ( ) Social Media? Yes ( ) No ( )

Pet's Name: _____
Species: <b>Dog</b> ( ) <b>Cat</b> ( ) <b>Other:</b> _____
Breed: _____
Age Or Birthdate: _____
Color/Description: _____
Gender: <b>Male</b> ( ) <b>Neutered</b> ( ) <b>Female</b> ( ) <b>Spayed</b> ( ) <b>Pregnant: Yes</b> ( ) <b>No</b> ( )
Identification: Microchip: Yes ( ) No ( ) Maybe ( )
May we use digital photos of your pet for marketing purposes? Yes ( ) No ( ) Social Media? Yes ( ) No ( )

If you have additional pets to add please use the back of this sheet to list additional pets



## Photo and Social Media Release Form

I grant to Wasilla Veterinary Clinic, its representatives and employees the right to take photographs of me and/or my pet, and to copyright, use and publish the same in print/and or electronically.

I agree that Wasilla Veterinary Clinic may use such photographs of me and/or my pet with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, and web content (Facebook, Clinic Website).

**Signature:** \_\_\_\_\_.

**Printed Name:** \_\_\_\_\_.

**Pet's Name:** \_\_\_\_\_.

**Date:** \_\_\_\_\_.