East Lake Animal Clinic

Date: {CURRENTDATE[SHORT]} STAFF INITIALS: {STAFFID}

Client Information

Client ID: {ID}

Name: {FULLNAME} **Owners Date of birth: ___/_____/_____**

Primary Phone # : {PHONENUMBER} **Secondary Phone #:** _____

Address: {ADDRESS1} **City/State/Zip:** {CITY} {STATE} {REFERREDPOSTALCODE}

Email: {EMAILADDRESS}

Please read through and sign at the bottom:

☐ **I understand that vaccinations reactions, unforeseen medical and surgical complications may occur and require treatment and/or hospitalization which could be at additional expense beyond estimate costs. I agree to pay for all service (including all immediate emergency services) at the time service is rendered.**

☐ **I accept full responsibility for this/these animal(s).**

☐ **I certify that I am 18years of age or older.**

☐ **I authorize release of medical records to any and all facilities who request records verbally and or in writting.**

☐ **YES, I approve East Lake Animal Clinic the right to take photographs of my pet(s) I agree that ELAC may use such photographs of my pet(s) for any lawful purpose, including, for example such purposes as publicity, illistration, advertising and website content. Clients names will never be shared. If at any time you wish to have your pet's photo or story removed, please alert our staff.**

☐ **NO, I do not approve East Lake Animal Clinic to take photographs of my pet(s)**

Signature of Owner/Authorized Agent:

x_____{CLIENTSIGNATURE}_____

_____**Staff Only**_____

☐ All Vaccine dates have been checked and recorded in computer.

☐ Patient is microchipped and microchip number is marked in computer.