

Welcome to Care Pet Clinic

Please complete the following form clearly.

All information is kept confidential

Your name: _____
Other responsible party/spouse/partner: _____
Address: _____ Zip: _____
Home phone: _____ Cell phone: _____
Email address: _____
Employer: _____ Work phone: _____
How did you hear about us? _____

Pet's name: _____ Date of birth/age: _____ Breed: _____
Color: _____ Circle one: male/female spayed/neutered/unaltered
Microchip #: _____

Pet's name: _____ Date of birth/age: _____ Breed: _____
Color: _____ Circle one: male/female spayed/neutered/unaltered
Microchip #: _____

Please read and sign the other side.

Please read the following statements carefully and print your initials:

I understand that I must call 24 hours in advance to cancel a scheduled appointment. If I fail to do so, there is a \$25 fee that must be paid prior to further services. _____

I understand that payment is required at the time services are completed.
Please note that we do not accept personal checks or CareCredit _____

I understand that there is a \$25 fee per pet if I would like to buy prescription medicines elsewhere. This fee is valid for veterinarian approved prescriptions for one year. _____

CIRCLE ONE: I (*grant/do not grant*) to Care Pet 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/do not agree*) that Care Pet 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, advertising, and Web content. _____

Signature: _____ Date: _____