

Name		Date		CI	Client #	
Cell #	Home # Work #					
Address		City		Stat	e Zip	
Email						
Spouse Name	Email					
Cell #	Home #		Work #			
Emergency Contact	Phone # Relationship to Owner					
Who Referred You? Name:		Internet	Facebook	Drive By	Rescue Group	Shelter
Pet Information						
Pet Name	Date of Birth		Microchip #			
Dog Cat Sex: Male	Neutered	Female Sp	bayed			
Breed:		Color				
List any Anxiety or Aggression Issues we should know about:						
List of Medical Conditions:						
List all Current Medications:						
List all Allergies:						
Date of Last Professional Dental Cleaning: Any Extractions?						
Do you perform Home Dental Care? Current Diet & Feeding Instuctions:	Yes No	What method do	o you use?			
Is your pet on monthly Prevention?	Yes No	If yes, what is th	e Brand name	?		

## **INITIAL BELOW**

**NEW CLIENTS ONLY:** Initial examination fee of \$65 will be collected at the time your appointment is scheduled. This fee will reserve your appointment time, be used to cover your pet's examination, and is non-refundable if you miss or cancel your appointment.

**PATIENT RECORDS:** I grant permission to have my pet(s) patient records sent to another hospital, boarding, grooming or daycare facility if requested.

**PATIENT PICKUPS/LATE FEES:** Patient pickups are by 4:30 pm. A late fee of \$25 will be applied after 5:00 pm. **PHOTO RELEASE**: I grant Clear Lake Animal Hospital, its representatives, employees, assigns, and transferees the right to take photographs of my pet(s). I further authorize them to copyright, use, and publish these photographs in print and/or electronically. I agree they may use such photographs of my pet(s) for any lawful purpose, including educational, publicity, illustration, social media, advertising, and web content.

**PAYMENT FOR SERVICES RENDERED:** Payment is collected at the time of appointment, services or purchase of goods. We accept Visa, MasterCard, American Express, Discover, Cash and CareCredit.

I have read and understand Clear Lake Animal Hospital's Policies regarding Patient Records, Patient Pickup Times, Late Fees, Photo Release and Payment for Services rendered.

Print Name