

Littlestown Veterinary Hospital – New Client Form

Name: \_\_\_\_\_ Spouse/Sig.Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home phone: \_\_\_\_\_ Drivers License # \_\_\_\_\_

Work phone: \_\_\_\_\_ Spouse/Sig. Other Work phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Spouse/Sig Other Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ (we can email reminders to you, and you can check all your pet’s data online, and request services on line with this information)

How did you learn about our clinic? Sign \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Other \_\_\_\_\_

Recommendation from \_\_\_\_\_

Previous Veterinarian \_\_\_\_\_

Pet Name	Species	Breed	Male	Neuter	Female	Spayed	Birth Date

I hereby authorize the veterinarian to examine the above pet. I can request an estimate for any treatment or prescription. I assume responsibility for all charges and understand that charges must be paid at the time of service.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_ (REQUIRED)

I, the undersigned, do hereby consent and agree that Littlestown Veterinary Hospital, its employees or agents may take photographs, videotape, or digital recordings of my pet (s) and release all rights to exhibit this work in print and electronic form publicly or privately. I understand that the Littlestown Veterianry Hospital is not responsible for any expense or liability incurred as a result of my or my pet(s) participation in any photograph or recording. I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement. Photos may be used on our website or other internet or print media.

Name (Print) \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ (OPTIONAL)