



# Client Intake Form

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse/Partner: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

How did you hear about our hospital?  Google/Social Media  AHAA referral  Drive by  
 Individual, someone we may thank? \_\_\_\_\_  Other \_\_\_\_\_

## Photo Release

You may take and use photographs of my pet without the use of my name for any purpose such as social media and web content.

Yes, you may use photos!  No, Maybe another time.

## Consent

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. We will gladly provide you with a written estimate at your request. Please ask the receptionist or veterinarian. In an effort to control costs, we do not provide billing services and require payment at the time services are rendered. A deposit may be required depending on the cost and involvement of some procedures. Should a bill for services become delinquent, I agree to be responsible for any court costs or attorney fees.

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED AND BOARDED ANIMALS MUST BE CURRENT ON ALL VACCINES AND FREE FROM INTERNAL AND EXTERNAL PARASITES.

I agree to the terms above.

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