



## CLIENT INFORMATION SHEET

Client Last Name:		Client First Name:		Client's Date of Birth:	
Pet(s) Name(s):					
Address:				Apt #	
Zip:		City:		State:	
Primary Phone Number: <input type="checkbox"/> Cell		Work Number: <input type="checkbox"/> ER ONLY		Secondary Phone Number:	
E-Mail Address:					
Spouse/Co-Owner Name:		Spouse/Co-Owner Phone:			
Employer:					

### Medical Records Release

I give permission to have my pet's medical records transferred to and from Woodington Veterinary as necessary.

(please initial one) \_\_\_\_\_ **Accept** \_\_\_\_\_ **Decline**

### Financial Policy

Thank you for choosing Woodington Veterinary for your pet care needs. We are dedicated to providing the highest quality care to all of our patients.

In order to provide you services with the highest level of quality, we cannot extend credit out of our office. **We expect full payment at time of service/discharge.** To help you obtain your financial responsibility the following payment options are accepted.

- We accept cash, debit, Visa, Mastercard, Discover, American Express, and Care Credit
- A deposit of 25-50% may be required before extensive services are performed.
- Pick-ups by non-owners must be pre-authorized and payment arrangements made in advance

### Social Media Release

I grant Woodington Veterinary, permission to copyright, use, reuse, publish, and re-publish information about me and my pet and photographs of me and my pet in which I may be included, in whole or in part.

I waive the right to inspect or approve the finished product or products and other matter that may be used in connection there with or the use to which it may be applied.

I understand that the photos will be used for educational and other purposes and I release, discharge, and agree to save harmless Woodington Veterinary and all persons acting under its permission or authority from liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur in the taking of said picture or using the information in any subsequent processing thereof, as well as any publication thereof.

(please initial one) \_\_\_\_\_ **Accept** \_\_\_\_\_ **Decline**

I hereby affirm that I am at least 18 years old and legally able to provide consent. I have read and understand the above financial and social media policies and releases prior to its execution and acknowledge its terms.

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

Print Name \_\_\_\_\_