

Date:

Name:	Spouse Name:
Primary Number: <input type="checkbox"/> Cell	Spouse Number: <input type="checkbox"/> Cell
Other Number: <input type="checkbox"/> Cell <input type="checkbox"/> Work	Other Secondary Number:
Employer:	Email:
Would you like to opt-in to text message reminders and updates (no spam)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

How did you hear about us? Internet Drove by Referral

(If referred) Name of client: _____

Pet Name	Sex	Neutered/Spayed	Date of Birth	Breed	Color
	<input type="checkbox"/> M/F <input type="checkbox"/>	<input type="checkbox"/> Y/N <input type="checkbox"/>			
	<input type="checkbox"/> M/F <input type="checkbox"/>	<input type="checkbox"/> Y/N <input type="checkbox"/>			
	<input type="checkbox"/> M/F <input type="checkbox"/>	<input type="checkbox"/> Y/N <input type="checkbox"/>			
	<input type="checkbox"/> M/F <input type="checkbox"/>	<input type="checkbox"/> Y/N <input type="checkbox"/>			

**We would love for you and your pets to be a part of our social media experience!
When you are in the hospital we often catch cute moments on camera that are too good to not be shared.**

I grant Sycamore Vet Hospital, its doctors and employees the right to take photographs and/or videos of me and/or my pet, and to copyright, use and publish the same in print and/or electronically. I agree that Sycamore Vet Hospital may use such photographs/videos of me and my pet without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, web content and social media.

THE ABOVE MAY TAKE PHOTOS OF MY PET. THE ABOVE MAY NOT TAKE PHOTOS OF MY PET.

PRINT NAME: _____ **SIGNATURE:** _____

PAYMENT IS EXPECTED WHEN SERVICES ARE RENDERED. We regret that we cannot extend credit but payment can be made by cash, check, VISA, Discover, Amex, Mastercard, and CareCredit. There is a \$35 charge for returned checks. Accounts turned over to a collection agency will be charged a collection fee.