



Welcome

CLIENT INFORMATION

Date: _____

Client's Name: _____ Patient Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail _____

Work Phone: _____ Ext: _____

Alternate Contact Name: _____ Relationship to Owner _____

Contact Phone: _____

How did you hear about us? _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet(s). I assume responsibility for all charges incurred in the care of my animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner: _____

PHOTO RELEASE FORM

I grant to Martinez Animal Hospital, its representatives and employees the right to take photographs of me and/or my pet(s), and to copyright, use and publish the same in print and/or electronically. I agree that Martinez Animal Hospital may use such photographs of me and/or my pet(s) with or without my name and for any lawful purpose, including for example, such purposes as publicity, illustration, advertising, and web content.

The above **may / may not** (circle one) take photos of me and/or my pet(s)

Printed Name: _____

Signature: _____

Address: _____ City _____ State: _____ ZIP: _____

Date: _____

Rev 4/11/19

Entered In Computer By: _____

