

Clayton Family Veterinary Care

New Client Form

Date _____

Owner's Name (Primary Contact): _____ **Owner's DOB** _____

Spouse/Other: _____ **Can Give Medical Consent?** Yes No

Address: Street _____

City _____ State _____ Zip Code _____

Phone number(s):

Primary Number : _____ **Name:** _____ **Permission for text messaging?** Yes No

Secondary Number : _____ **Name:** _____ **Permission for text messaging?** Yes No

Other Number : _____ **Name:** _____ **Permission for text messaging?** Yes No

Primary Email Address: _____

Secondary Email Address: _____

Permission to email relevant documents and reminders from our clinic? Yes No

Preferred method of contact? (select one) Phone _____ Email _____ Either _____

Pets

Name: _____ Canine or Feline | Male or Female | Spayed/Neutered or Intact

Breed: _____ Color _____ Age/DOB _____

Medical Issues: _____

Name: _____ Canine or Feline | Male or Female | Spayed/Neutered or Intact

Breed: _____ Color _____ Age/DOB _____

Medical Issues: _____

Name: _____ Canine or Feline | Male or Female | Spayed/Neutered or Intact

Breed: _____ Color _____ Age/DOB _____

Medical Issues: _____

Allergy: In the pursuit of a fear free hospital visit, and using various therapeutic diets for treatment, multiple foods and treats may be used during the visit. Please advise us if there is a **HUMAN** or **PET** allergy that we should be aware of during your visit _____

Social Media/Photography Consent I hereby give Clayton Family Veterinary Care permission to take photographs and videos of me and my pet for the purpose of posting on CFVC's Facebook, YouTube, Twitter or clinic website. I hereby release and discharge CFVC from any and all claims arising out of use of the photos. CFVC has my permission to use: (Please select one)

Only my pet's name(s) | My pet's name(s) and my name | Please do not post my pet

Financial Responsibility: If my animal is brought in by myself or another individual, I will assume financial responsibility for all charges incurred in the care of my animals. I also understand that these charges must be paid for at the time of release, and that Clayton Family Veterinary Care does not extend credit.

Reviewed and Signed Signature: _____ **Date** _____