



# Client Information



People Name(s): \_\_\_\_\_  
Street: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Primary#: \_\_\_\_\_ Work#: \_\_\_\_\_ Secondary#: \_\_\_\_\_  
Spouse Work#: \_\_\_\_\_ Spouse Cell: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Previous Veterinarian/Clinic(s) (to get records): \_\_\_\_\_

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## How did you first hear about Powell Veterinary Center?

**(Circle one)**

- Sign/location
- Internet Source: Google, Yahoo, Facebook, Angie's List, Yelp, Other?
- Community Event/Business? \_\_\_\_\_
- Friend: \_\_\_\_\_ (who may we thank?)

**Pet's Name:** \_\_\_\_\_  
**Breed:** \_\_\_\_\_  
**Colors:** \_\_\_\_\_  
**Birth date:** \_\_\_\_\_  
**Circle: Male / Female / Spayed / Neutered**  
**Microchip ID? Yes / No**

**2nd Pet's Name:** \_\_\_\_\_  
**Breed:** \_\_\_\_\_  
**Colors:** \_\_\_\_\_  
**Birth date:** \_\_\_\_\_  
**Circle: Male / Female / Spayed / Neutered**  
**Microchip ID? Yes / No**

**Pet Insurance Carrier:** \_\_\_\_\_

**Do any of your pets have any special needs? (allergies, nutrition, vaccination reactions, etc.):**

\_\_\_\_\_

All fees are due when services are rendered. We accept cash, VISA, MasterCard, Discover and CareCredit. Any account with a balance owing at month end will be assessed a 1% billing fee. Your signature also permits us in absence of contrary notification to request your pet's previous records from other veterinarians and to provide our medical records to other veterinarians as needed.

**To prevent the spread of infectious diseases, all hospitalized and boarded patients must be current on all vaccines and free from internal or external parasites. The signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice.**

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

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**This section is optional if you would like to give permission for photographs of you or your pet to be posted online.**

I hereby give Powell Veterinary Center permission to take photographs of me and my pet for the purpose of posting on powellvet.com, Facebook, YouTube, Pinterest & Twitter.

I hereby release and discharge Powell Boulevard Veterinary Clinic from any and all claims arising out of use of the photos.

I am above 18. I have read the foregoing document and fully understand its contents.

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

**Print Name:** \_\_\_\_\_