



Please take a moment to update the information listed below and so that our records are correct. Thank you very much!!!

Current Information:

Name:

Address:

City:

State:

Zip Code:

Phone Numbers:

If you would like us to e-mail you information regarding your pet's health care and vaccine reminder status, please provide an updated address below.

E-mail Address:

Emergency Contacts:

List of all active patients currently seen at our practice:

May we release your pet's vaccine information to boarding kennels/grooming establishments?

YES NO

May we post photos of your pet on social media?

YES NO

By signing this form I declare that the above information is correct and current to the best of my knowledge. I agree to pay for all examinations, treatments, procedures, diagnostics, medications, or other services rendered to my pet at the time they are performed. Upon default I agree to pay all court costs including attorney and/or collection fees of up to 50 percent. Returned checks for any reason will incur a fee of \$50.00 plus any statutory fees allowed by law.

DATE: _____ SIGNATURE: _____