



Animal Clinic New Patient and Photo Consent Form

Owner Information:

Owner's Name: _____ Home Phone: _____

Email Address: _____ Cell: _____

Full Address: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Home Phone: _____ Cell: _____

Pet Information:

Pet's Name: _____ Pet is a: Dog ___ Cat ___ Sex: Male ___ Female ___

Pet's DOB: _____ Breed: _____ Color: _____

Does your pet have any ongoing medical problems: Yes ___ No ___ If yes, please list: _____

Social Media/Photo/Video Release:

I hereby grant the Animal Clinic of the Humane Society of Sarasota County, its employees or agents, permission to use any photographs taken of myself or my pet, in any and all of its publications and media, without payment or any other consideration. I understand and agree that these materials will become the property of the Animal Clinic of the Humane Society of Sarasota County and will not be returned. I hereby authorize the Animal Clinic of the Humane Society of Sarasota County to edit, alter, copy, exhibit, publish, or distribute this photo for purposes of publicizing their programs, education, or for any other lawful purpose.

PLEASE INITIAL: I AGREE _____ I DECLINE _____

TERMS OF SERVICES:

Payment in full is required at the time services are rendered. We accept the following methods of payment: Cash, Debit, Visa, MasterCard, Discover, and American Express. **WE DO NOT ACCEPT PERSONAL CHECKS or CARE CREDIT.**

We will gladly prepare a written estimate of services or fees, if you desire (please ask the doctor or tech). All professional fees are due at the time services are rendered. I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pet. I assume responsibility for all charges incurred in the care of this animal. All information I have provided here is true to the best of my knowledge.

I have read and understand the terms of service. I hereby certify I am the owner or appointed agent of the above-named pet.

Signature of Client Responsible for Pet: _____ Date: _____