## WELCOME GROTON CITY ANIMAL HOSPITAL

## CLIENT INFORMATION DATE\_\_\_\_ LAST NAME\_\_\_\_\_\_ FIRST NAME\_\_\_\_\_ BIRTHDATE\_\_\_\_\_SOCIAL SECURITY #\_\_\_\_\_ ADDRESS\_\_\_\_\_PO Box\_\_\_\_\_\_ CITY: STATE ZIP PREFER US TO CALL ON HOME PH #(\_\_\_\_) CELL PH #(\_\_\_\_) EMPLOYER\_\_\_\_\_WORK PH #(\_\_\_) May we call you at work □ yes □ no Spouse:\_\_\_\_\_\_ Spouse contact #(\_\_\_\_)\_\_\_\_ EMAIL \_\_\_\_\_\_REMINDERS VIA: □ EMAIL □ POSTCARD DRIVER'S LICENSE REFERRED BY Tatoo/Ear Insured? Name Age/ Breed Color Gender Tag Primary Birthdate Microchip# Y/N Use 1) 2) 3) 4) 5) Current medications/supplements: Current diet:\_\_\_\_\_ Authorization I hereby authorize the veterinarian to examine, prescribe for, or treat my animal(s). I assume responsibility for all charges incurred in the care of my animal(s). I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. Payment can be made by cash, first party check, visa, master card and Care Credit. I understand in the event that services are not paid for at the time services are rendered I will be charged a monthly service charge. This will be a minimum fee of \$3.00, or 1.5% of the total balance due, whichever is greater, with an annual rate of 18%. I, the undersigned grant Groton City Animal Hospital permission to use, reuse, publish, and broadcast in any and all media my pet(s) and the photographs or video footage taken of my pet(s)or me in which we may be included with others. I release the above referenced entity from any demands arising out of the use of photographs, video, and auto material including and without limitation, all claims for libel or invasion of privacy. I am of full age and contract in my own name. 2 I allow to have pictures or video of my pet(s), myself or representative used \_\_\_\_\_ initial ☑ I decline to have pictures or video of my pet(s), myself or representative used \_\_\_\_\_\_ initial