



Name: _____ Home Phone: _____
 Spouse/ Other: _____ Cell Phone: _____
 Mailing Address: _____ Spouse/ Other Cell Phone: _____
 City: _____ State: _____ Zip: _____ Employer: _____
 E-mail: _____ Work Phone _____
 How would you prefer to receive reminders? e-mail postal mail (May we call you at work? Yes/No)
 How did you find out about our clinic? _____
 Clinic for Pet Records Request: _____

Please Read Important Billing Information:

In order to control the cost of billing, we ask that the bill for services is paid at the time services are rendered unless other arrangements are made in advance. The undersigned agrees to be ultimately responsible for any bill incurred in this office. Accounts 30 days old will incur interest and finance charges at the rate of 12% per annum. Accounts 90 days old will be sent to a collection agency. There will be a service charge of \$50.00 on all returned checks.

By signing below, I authorize the doctor to administer treatment as agreed upon.

Signature

Date

Please bring a valid form of identification to your first appointment to be kept on file for billing purposes.

Media Release:

I authorize Hadlock Veterinary Clinic and its representatives to take photographs and other documentation of my pet(s) for educational and promotional purposes. All images, documents, videos, and other media will be altered to omit names and other identifying marks as to maintain confidentiality. I hereby grant consent for use of these documents without compensation and release Hadlock Veterinary Clinic from any and all claims arising from the use of these documents. (Yes/No)

Signature

Date

Pet Name _____ Species: Canine/Feline/Other (Specify: _____)
 Breed: _____ Color: _____ Pet's Birth Date/Age: _____
 Sex: Male/Neutered Male/Female/Spayed Female Permanent ID# _____

Pet Name _____ Species: Canine/Feline/Other (Specify: _____)
 Breed: _____ Color: _____ Pet's Birth date/Age: _____
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