



We would like to know about you and your family. Please fill out both pages:

First and Last Name: _____

Address: _____ City: _____ Zip Code: _____

Cellphone Number: _____ Alternate Number: _____

Email Address: _____

For the purpose of controlled medication, what is your date of birth? ____ / ____ / ____

Co-Owner Name: _____ Relationship: _____

Co-Owner Phone Number: _____

Preferred method for us to contact you: (Circle One) Call Text Email

Who can we thank for referring us to you? Google Yelp Drive by Social Media Other*

*Referred by: _____

About your pets:

Pet's name: _____ Birthday/Age: _____

Sex: Male Female Spayed/Neutered? Yes No

Species: _____ Breed: _____ Color: _____

Pet's name: _____ Birthday/Age: _____

Sex: Male Female Spayed/Neutered: Yes No

Species: _____ Breed: _____ Color: _____

Pet's name: _____ Birthday/Age: _____

Sex: Male Female Spayed/Neutered? Yes No

Species: _____ Breed: _____ Color: _____

Please fill out the back page

Terms and Conditions:

Please read carefully each of the following statements. If you completely understand and agree to the terms listed, **please initial on the line provided**. Please ask our staff if you have any questions.

_____ I hereby certify that I am the owner or authorized agent of the owner for the pet(s) listed and I am over the age of 18.

_____ I hereby authorize Towne Centre Animal Hospital to tender medical and surgical care for my pet(s) as deemed necessary by the veterinarian.

_____ I understand that personal items (blankets, toys, leashes, etc.) may not be returned if left at Towne Centre Animal Hospital.

_____ I understand that payment is required in full at the time services are rendered.

_____ I understand that I may be asked to leave a deposit before services, surgical, or other, and that no guarantee can be given to the outcome.

_____ I understand that Towne Centre Animal Hospital accepts cash, Visa, Mastercard, American Express, CareCredit, and/or Scratch Pay as the only forms of payment, and that checks are not accepted.

Declaration: If my account should become delinquent, I am responsible for valid collection costs & attorney fees. A finance charge of 1.5% per month (or a \$8.00) charge, whichever is greater is due on all balances owed over 30 days.

_____ Social Media Release – I grant Towne Centre Animal Hospital and its employees the right to take and save photographs of my pet(s) and agree that they may use photographs of my pet(s) and his/her given pet name(s).

Please initial for your permission for use of:

_____ Text messaging to cell numbers provided on my account/record.

_____ Posting on Towne Centre Animal Hospital's social media channels, pages, and or website. **

_____ I wish to be tagged (when possible) in social media posts including my pet's image(s).

** Please note: Occasionally we like to post adorable pictures of our client's pets to our Facebook and Instagram pages or on our website. Client privacy is of the utmost importance to us at Towne Centre Animal Hospital. Your first and last name will not be disclosed or printed at any time; unless you wish to be tagged. We are asking permission to share, print, post, and reference your pet's name and picture only.

Signature: _____ Date: _____