

CLIENT INFORMATION

(Please fill out both sides completely)

Account

Primary Owner's Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Email _____

***Email and/or cell information are required for pet's notifications and reminders.**

Spouse/Partner's Name _____ Phone _____

Additional people authorized to make any medical decisions on my pet(s) behalf (must be at least 18 years of age):

How did you hear about us? _____

Who was your previous veterinarian? _____

Previous Records Received: Yes No

I, _____, give Brockport Animal Hospital permission to release my pet's vaccination record to:

Animal Rescue Organizations (such as humane society and dog wardens)

Town Clerk (so my pet can be licensed)

Medical Personnel (in case of human injuries)

Boarding Facilities

I understand that anyone else calling for information regarding my pet's vaccination and medical information will not be given any information without my consent either in writing or by phone.

Signed _____ Date _____

I authorize Brockport Animal Hospital to use pictures of my pet(s) for their website and social media platforms. Yes or No Initials _____

Turn over and complete other side also

I do hereby consent and authorize Brockport Animal Hospital and its staff to hospitalize, administer vaccinations, medication, medical tests, surgical procedures or treatments that the doctor may deem necessary for the health, safety and well-being of my pet while it is in their care.

I understand that no guarantee can ethically or professionally be made regarding the results or cure of my pet.

I agree that payment is expected at time of service. Payment can be made in the form of cash, Master Card, Visa, Discover, or personal check (provided a current driver's license is provided). **There is a \$30 fee for all returned checks.**

In the event there is an unpaid balance left on my account for over thirty (30) days, I will be charged an interest rate of one and one-half percent (1.5%) per month, which is an annual percentage rate of eighteen percent (18%) of the current balance or a minimal ten dollars (\$10.00) finance charge which ever is greater. I understand and agree that I am responsible for all charges and if in the event my debt is turned over to a collection agency or an attorney, I will be responsible for payment of all legal collection expenses.

By signing this client application for Brockport Animal Hospital, I understand that this creates a legally binding contract.

Signature _____ Date _____

Brockport Animal Hospital Representative _____