



CLIENT FORM / SOCIAL MEDIA RELEASE

2018



Client Name: _____

Secondary Name: _____

Relationship: _____

Address: _____

City/State: _____

Zip Code: _____

Email: _____

Secondary Email: _____

Phones and Contact Info:

Description	Number	Ext

Best time to call: _____ Best number to call: _____

In case of EMERGENCY, please call _____ at telephone # _____

During future visits, it is important to see the same doctor: Always Yes, if possible Not a concern

If you prefer to see the same doctor please identify: Dr. Robin Riedinger Dr. Brandi Eskesen Dr. Adrian Nevill

If at any time you prefer to see a specific doctor, please let our staff know. We will do our best to accommodate your request.

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

We will gladly prepare a written estimate if you desire. Please ask the staff or doctor.

We accept MasterCard, VISA, AmEx, Discover and cash.

Do you qualify for our senior citizen discount? (65 +) No Yes -please show your driver's license _____
[staff initials]

To prevent the spread of infectious diseases, all hospitalized and boarded patients must be current on all vaccines and free from internal and external parasites. I authorize the doctor to provide vaccines and parasite control as needed for my pet. **All animals in the hospital are under the medical supervision of a staff veterinarian. A staff member is not however, on the premises 24 hours a day.**

Confirmation from Client Responsible for Pet(s):

Printed Name

Signature

Date

Social Media Release

I give permission to Hawthorne Hills Veterinary Hospital to use my pet's photos and radiographs for promotional, educational and training purposes. I understand that my personal identifying information (client names) will be removed before any images are used. Images may be used in print or web materials. All images remain the sole property of Hawthorne Hills Veterinary Hospital, P.S., Inc.

This authorization of consent will remain in effect until I give notice *in writing* to terminate this agreement.

Printed Name

Signature

Date