

Chart: _____

Initials: ____

**Thank you for giving us the opportunity to care for your pet(s).
So that we may become better acquainted, please complete the following:**

Name: _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Main Contact Phone: () _____ WK Phone: () _____ Other: () _____

Place of Employment: _____

Spouse/ "Significant Other" _____

Spouse/ "Significant Other" WK Phone: () _____ Cell Phone: () _____

Driver's License or ID State & Number~ *REQUIRED*

State _____ Number _____

Email address: _____

How did you become aware of our clinic? Drove by _____ Google _____ Website _____ Other _____
Personal Reference (Who may we thank?) _____

PET (s) INFORMATION

Name: _____

Name: _____

Dog/Cat Male/Female

Dog/Cat Male/Female

Age _____ Spayed/ Neutered?
Yes/ No

Age _____ Spayed/ Neutered?
Yes/ No

Breed: _____

Breed: _____

Color: _____

Color: _____

Previous Vet: _____

Previous Vet: _____

Serious medical conditions or allergies? _____

Serious medical conditions or allergies? _____

By signing below I agree and give consent to all listed agreements and request on back side of paper.

Signature: _____



Consent Release of Pet Medical Records

By signing below, I authorize Hanahan Veterinary Clinic to release information including but not limited to diagnosis, medical records, lab work and x-rays of my pet(s) under their care. This release of information will remain in effect until terminated by me in writing.

This information may be released to:

Emergency Veterinarian Hospitals
Referral Specialists
Insurance Company

Photo Release

I hereby authorize Hanahan Veterinary Clinic to publish photographs taken of me and my pet(s), for use in printed publications and or websites. I acknowledge that since my participation in these publications and websites produced by Hanahan Veterinary Clinic is voluntary; I will receive no financial compensation. I, further agree that my participation in any publication and website produced by Hanahan Veterinary Clinic confers upon me having no rights of ownership of said photographs whatsoever. I release Hanahan Veterinary Clinic, its contractors and its employees from liability for any claims by me or any third party in connection with my participation.

In order to continue to provide you and your pet family high quality veterinary care utilizing the very best medical technologies full

Payment is due at the time treatment.

Forms of payment accepted are cash, check, debit or all major credit cards.

Financial assistance can be offered through Care Credit, a health care credit card with great 0% interest for 6 months that can be used for you or your pet's care!

www.CareCredit.com or (800) 677-0718 (M-F: 9a-9p)

(Subject to credit approval)