**St. Boni Pet Hospital**

Client Information & Signature

Owner/Responsible Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Owner / Spouse (Circle one): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P.O. Box: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ \_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Owner/Spouse Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* Signature of Authorization \***

***I hereby authorize the veterinarian to examine, prescribe for, or treat the pet(s) on my account. I assume responsibility for all charges*** *incurred for the care of my pet(s). I also understand that these charges will be* ***paid at the time of service/release,*** *and that a deposit may be required for medical treatment.*

**\* Signature of Owner/Responsible Party:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

**Pet Information**

|  |  |
| --- | --- |
| * Dog
 | * Cat
 |

Pet #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coat Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| * Male
 | * Neutered?
 |

|  |  |
| --- | --- |
| * Female
 | * Spayed?
 |

|  |  |
| --- | --- |
| * Dog
 | * Cat
 |

Pet #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coat Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| * Male
 | * Neutered?
 |

|  |  |
| --- | --- |
| * Female
 | * Spayed?
 |

|  |  |
| --- | --- |
| * Dog
 | * Cat
 |

Pet #3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coat Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| * Male
 | * Neutered?
 |

|  |  |
| --- | --- |
| * Female
 | * Spayed?
 |

*How did you hear about our clinic?*

|  |  |  |  |
| --- | --- | --- | --- |
| Welcome Neighbor | Internet | Sign | Humane Society |

|  |  |
| --- | --- |
| Referral Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Medical / Media RELEASE FORM**

**St. Boni Pet Hospital**

Medical Information Release

\_\_\_\_\_\_\_\_\_ (*Initial*) **I authorize** St. Boni Pet Hospital to release medical information on my pet(s) to another veterinary clinic, local law enforcement (e.g.: in the case of rabies vaccination verification), or boarding facilities/groomers requesting vaccination and laboratory history.

\_\_\_\_\_\_\_\_\_ (*Initial*) *I prefer to personally contact* St. Boni Pet Hospital to release medical information on my pet(s) to another veterinary clinic, local law enforcement (in the case of rabies vaccination verification), or boarding facilities/groomers requesting vaccination and laboratory history.

Social Media Permission

We have a Facebook page and website that we use to share interesting pet stories and cute pet pictures! But we can’t do it alone! Will you help us by granting permission to use photos of your pet, and possibly share their story to help educate other clients? Your name will never be published. *If at any time you wish to have your pet’s photo or story removed, please alert our staff*.

\_\_\_\_\_\_\_\_\_ **YES!** You may use my pet(s) photo!

 (*Initial*)

\_\_\_\_\_\_\_\_\_ ***NO*!** You may NOT use my pet(s) photo.

 (*Initial*)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client’s Signature**