

NEW CLIENT FORM



Client Name

Spouse/Partner/Co-Owner

Address

City, State, Zip Code

Phone

Email

Patient Information

Name

Name

Age or DOB

Age or DOB

Breed

Breed

Color

Color

Sex (Spayed/Neutered)

Sex (Spayed/Neutered)

Past Veterinary Clinic

Past Veterinary Clinic

We want your pet to be Social Media famous, but we need your permission first.

I grant permission to Woodward Animal Hospital, its employees and authorize representatives to take photographs and/or video of me and/or my pet(s), to use and publish the same in print and/or electronically.

YES – I consent

No – I do not consent

I understand there is an office call/exam fee when my pet is examined by a veterinarian. It is understood that a treatment plan will be presented to me that will include any additional recommended treatments, diagnostics, or procedures and all costs associated with those services. I understand that no guarantee or assurance can be made as to the results that may be obtained. It is thoroughly understood that I assume all risks involved with any treatments, surgeries, or procedures. I understand that professional fees are due at the time services are rendered.

I have read and agree to the above statements