

# New Client Registration



Welcome to Garden Oaks Veterinary Clinic! Please provide the following information so that we can become better acquainted with you and your pet.

## Primary Owner

Name:

Address:

City, State, Zip:

Home #:

Cell #:

Work #:

Email:

## Secondary/Emergency Contact

Name:

Relationship:

Home #:

Cell #:

Work #:

Email:

**Reminder Pref.:** Phone Call  Email

**Send patient reminders to this person?** No Reminder  Phone Call  Email

**How did you hear about us?** Circle one: Internet search    Yelp    Drive By    Social Media

Friend/Family:     Other:

We are proud to offer a generous reward program for referrals. Be sure to give the full name of who referred you!

## Patient (Pet) Information

Name	Birthdate	Breed	Color	Gender		Spay/Neuter		Microchipped?		Please Scan <input type="checkbox"/>
				M	F	Yes	No	Yes	No	
				M	F	Yes	No	Yes	No	<input type="checkbox"/>
				M	F	Yes	No	Yes	No	<input type="checkbox"/>
				M	F	Yes	No	Yes	No	<input type="checkbox"/>
				M	F	Yes	No	Yes	No	<input type="checkbox"/>

- It is understood that on my request, an estimate of charges will be given for services. No guarantee or assurance can be made as to the results that may be obtained.
- Further, I assume full financial responsibility for all charges incurred by my pet. I realize that these charges may exceed a given estimate if complications arise. I understand that I will be contacted prior to treatment, if possible, should complications occur.
- Payment in full by cash, credit card or CareCredit is expected at the time of service. In the event that all charges are not paid in full, I understand that my account will be sent to collections after 30 days. I agree to pay interest which will be charged at 1.5% per month on any unpaid balance until the balance is paid in full.

Driver's license #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_



# Photo and Media Release

Garden Oaks Veterinary Clinic thinks your pet is the poster "fur-child" for cuteness! We will take photos of your pet as needed for our medical records. We ask your permission to take additional photos of you and/or your pet to copyright, use, and publish in print and/or electronically. We may use such photographs for any lawful purposes including, but not limited to: publicity, marketing materials, advertising, website content, and social media content.

*Please Initial Your  
Selection:*

\_\_\_\_\_ I authorize Garden Oaks Veterinary Clinic to take photos of me and/or my pet for uses explained above.

\_\_\_\_\_ I DO NOT authorize Garden Oaks Veterinary Clinic to take photos of me and/or my pet beyond medical record needs.

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_