



WELCOME!

We know your pet's health is important and we thank you for trusting us to care for them. To help us provide the best care possible for you and your pets, please provide the following information. Thank you!
 "Keeping your Pets Happy!"



REGISTRATION

OWNER: _____
 ADDRESS: _____
 CITY/STATE: _____ ZIP CODE: _____
 EMAIL ADDRESS: _____
 PRIMARY PHONE NUMBER: _____ CELL PHONE: _____
 SPOUSE NAME: _____ SPOUSE CELL: _____
 OWNER'S DATE OF BIRTH (needed for filling prescriptions through a pharmacy for your pet): _____
 EMERGENCY CONTACT NAME: _____
 PHONE: _____

Did you bring your pets records with you today? Y / N
 If not, provide us the name and phone number of your past vet below.

PRIOR VET NAME: _____ PRIOR VET NUMBER: _____

REFERRED TO OUR CLINIC? \$25 for you, \$25 for a friend

IF RECOMMENDED, BY WHOM? _____ (first and last name)

PET INFORMATION

	Pet #1	Pet #2	Pet #3	Pet #4
Name				
Species				
Breed				
Color				
Age/DOB				
Sex (Spayed / Neutered)				
Diet				
Current Medications				
Current Heartworm Preventative				
Current Flea & Tick Preventative				

PATIENT AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above-described pet. I assume full responsibility for all charges incurred for the care of the animal; I also understand that these charges will be paid at the time of service and that a deposit may be required for surgical treatment.

*** Payment is due at time of service, if payment is not made a service fee of 1.5% will apply to any unpaid balance after 30 days.

SIGNATURE OF OWNER: _____ DATE: _____

PAYMENT AUTHORIZATION

At Catoctin Veterinary Clinic, when services are rendered, payment is due at time of service. We do not offer payment plans or partial payments at the clinic.

I understand that payment is due in full at the time of service. I agree that payment must be made at the time the service is rendered, and I acknowledge that no services will be performed until payment is received.

I authorize the use of my chosen payment method, whether credit card, debit card, cash, or other approved method, to process payment for the full amount of services rendered.

I understand that if I fail to make payment at the time of service, services may not be provided, and my appointment may be canceled or rescheduled at the discretion of Catoctin Veterinary Clinic.

A service fee of 1.5% will apply to any unpaid balance after 30 days. Any unpaid balance will be sent to collections after 60 days.

SIGNATURE: _____ **DATE:** _____

PHOTO & SOCIAL MEDIA AUTHORIZATION

I hereby grant Catoctin Veterinary Clinic to use my likeness and/or my pet's likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of Catoctin Veterinary Clinic and will not be returned. I hereby irrevocably authorize [Hospital Name] to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge Catoctin Veterinary Clinic from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other person acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURE(S) BELOW.

SIGNATURE: _____ **DATE:** _____