



GRAND AVENUE VETERINARY CENTER

Client Information

Owner _____ Primary Phone _____ Home / cell (circle one)
Address _____ Apt/Unit _____
City _____ State _____ Zip _____
Employer _____ Work Phone _____
Email* _____ (*For in-house use only. We will never sell or give out your email address to 3rd parties)
Co-Owner _____ Primary Phone _____ Home / cell (circle one)
Spouse - Significant Other - Relative - Friend (circle one)
Employer _____ Work Phone _____
How did you hear about us? (circle one) Location / Internet Search / Yelp / Website / Angie's List / Facebook / Humane Society
Other _____ If recommended, by whom? _____

Pet Information

Pet's Name _____ Canine / Feline – Male / Female – Neutered / Spayed
Breed _____ Color _____ Birthdate or Age _____
Where did you acquire your pet? _____ At what age? _____
Current Medications _____
Other medical history _____

Other Pets in the Household _____

Consent for Release of Vaccination Information

_____ Yes, I authorize Grand Avenue Veterinary Center to release my pet's vaccination status to third parties when requested at any time in the future. Third parties include, but are not limited to, boarding facilities, groomers, veterinary clinics or hospitals.

_____ No, I do not authorize the release of vaccination status to third parties without my consent at the time of the request.

Media Release

I authorize the staff at Grand Avenue Veterinary Center to release portions of my pet's history, including my pet's name, personal recollections, radiographs, photographs, video images or other images, to use with media entity(ies) including, but not limited to; Facebook, Twitter, Website, You Tube, Instagram and Pinterest.

_____ Yes, I authorize Grand Avenue Veterinary Center to release my pet's information as stated above.

_____ No, I do not authorize Grand Avenue Veterinary Center to release my pet's information as stated above.

Signature _____ Date _____

All accounts are to be paid in full at the time of service.