



# GRAND AVENUE VETERINARY CENTER

**Address:** 1140 Grand Avenue, St. Paul, MN 55105

**Email:** clinic@grandavevet.com

**Phone:** 651-224-3038

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

## Client Information

Owner \_\_\_\_\_ Primary Phone \_\_\_\_\_  Home  Cell

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

Spouse  Significant Other  Relative  Friend

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

How did you hear about us?  Location  Internet  Yelp  Website  Angie's List  Facebook  Humane Society

Other \_\_\_\_\_ If recommended, by whom? \_\_\_\_\_

## Pet Information

Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_

Canine  Male  Neutered  Spayed Color \_\_\_\_\_ Birthdate or Age \_\_\_\_\_

Feline  Female  Spayed

Where did you acquire your pet? \_\_\_\_\_ At what age? \_\_\_\_\_

Current Medications \_\_\_\_\_

Other medical history \_\_\_\_\_

Other pets in the household \_\_\_\_\_

## Consent for Release fo 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 \_\_\_\_\_