

Client Information Form

Today's date _____

Owner's Name _____ Spouse/Other _____

Address _____ City _____ Zip _____

Primary Phone# _____ Cell phone? ___ Accept text messages? ___

Alternate Phone # _____ Cell phone? ___ Accept text messages? ___

EMAIL _____ Do you prefer Email or Postcard reminders? _____

Employer Information _____

Spouse's/Other's Employer Information _____

How did you hear of our hospital? ___ Individual (someone we may thank?) _____

___ Yellow Pages ___ Hospital Sign ___ Other _____

Previous Veterinarian and Phone Number _____

Maple Springs Veterinary Hospital utilizes social media as a business form of marketing and as an educational resource for pet owners. Within the context of promoting the business, we would like to use images, videos, and/or information of your pet's health condition. You may or may not wish to participate as outlined below. If you do not wish to participate simply check the appropriate line below.

I approve use of the following (initial all that apply):

_____ My pet's story

_____ Pictures/videos of my pet

_____ My pet's name (first name only)

_____ My story as a pet owner

_____ Pictures/videos of me

_____ My name (first name only)

Pet/s Information:

Dog: _____ Cat: _____

Other (species): _____

Name: _____

Breed: _____

Age: ___ DOB: ___ Spayed/Neutered? ___

Male: _____ Female: _____

I decline use of any web marketing (initial below):

_____ I do not grant permission to use any of the above

I, the undersigned, do hereby grant permission to Maple Springs Veterinary Hospital to use the above material for social media. I release you, your representatives, employees, managers, members, officers, parent companies, subsidiaries, and directors, from all claims and demands arising out of or in connection with any use of said "Materials", including, without limitation, all claims for invasion of privacy, infringement of my right of publicity, defamation and any other personal and/or property rights.

Maple Springs Veterinary Hospital has a policy of payment in full at the time of services rendered for your pet. In the event my account is not paid on the date of the service, I agree to pay a monthly finance charge of 1.5% for all unpaid balances and 1.0% monthly handling fee. In the event my account is referred to an attorney for collection, I, the undersigned, agree to pay all costs of collection, including reasonable attorney's fees, along with the unpaid balance together with interest as set forth above. I attest by signing below that the pet/s I request treatment for are owned by me and I am responsible for the care and treatment of said pets, as well as any charges incurred during treatment. I certify that I have read and agree to the terms and conditions of the client information form.

Signature (seal)

Printed Name

Date