

Owner Information (Must be at least 18 years old)

Last: _____ First: _____ Pronouns: _____

Address: _____

City, State, ZIP: _____

Best Contact Phone Number: _____ Alternate Phone: _____

Email Address: _____

How do you prefer to be contacted? Circle One: Call Text Email

Co-Owner Information

Last: _____ First: _____ Pronouns: _____

Best Contact Phone Number: _____ Alternate Phone: _____

Email Address: _____

Pet Description

Name: _____ Date of Birth or Approximate Age: _____

Breed: _____ Color: _____

Sex? Circle One: Intact Male Intact Female Spayed Female Neutered Male

Medical Information Release Form

We require authorization to release any information about your pet(s) medical history (including vaccine information). Please mark one of the following:

_____ I authorize the release of my pet(s) medical records to any veterinarian, daycare facility, boarding facility, or groomer requesting them and authorize them to be verified over the phone, copied, faxed, mailed, or emailed to the person or facility requesting them.

OR

_____ I **do not** authorize the release of my pet(s) medical records to any veterinarian, daycare facility, boarding facility, or groomer requesting them without contacting me first for verification.

Photo Release Waiver

Please mark one of the following:

_____ I authorize Raintree Animal Hospital to use my likeness or my pet(s) in a photograph, video, or other digital media ("photo") in any and all of its publications, including print publications, online publications, presentations, websites, and social media. Raintree Animal Hospital has my authorization 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 **do not** authorize Raintree Animal Hospital to use my likeness or my pet(s) in a photograph, video, or other digital media ("photo") in any and all of its publications, including print publications, online publications, presentations, websites, and social media.

PAYMENT POLICY

We accept the following forms of payment: Visa, Mastercard, American Express, Discover, CareCredit or Cash. We are no longer accepting personal checks at this location. We do not offer payment plans. **Payment is due in full at the time service is provided.**

Owner's Signature: _____

Date: _____