



Client Information

Owner/Agent:

First Name	M.I.	Last Name	Cell Phone	Work Phone	Can We Text You?	DOB
Spouse First Name	M.I.	Last Name	Cell Phone	Work Phone	Can We Text You?	DOB

Home Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Home Number: _____

Emergency Name: _____ Emergency Phone: _____

Your Driver's License #		Spouse Driver's License #	
Your Employer		Spouse Employer	

Pet's Information:

Dog/Cat	Pet's Name	Breed	Color	DOB	Gender	Spay/Neutered

How did you first hear about us? Referral __, Yellow Pages Online __, Drive By __, Yelp __, Google __, Facebook __, Twitter __, Instagram __, Work __, Internet __, Other__?

If referral, whom may we thank? _____ If Other/Internet/Work please explain: _____

I, the undersigned, do hereby consent and agree that Rocklin Road Animal Hospital, its employees, or agents have the right to take photo, videotape, or digital recordings of my above-listed pet(s) and release all rights to exhibit this work in print and electronic form publicly or privately. I also understand that Rocklin Road Animal Hospital is not responsible for any expense or liability incurred as a result of my, or my pet(s) participation in any photos and/or recordings. Decline: __

I hereby authorize the staff at Rocklin Road Animal Hospital to examine, prescribe for and treat the above-described pet(s). I assume responsibility for all charges incurred in the care of this/these animal(s). I also understand that all charges will be paid at the time of release of my pet and that a deposit may be required before treatment.

Signature of Owner/Agent: _____ Date: _____

PAYMENT IS REQUIRED AT TIME OF SERVICE