



**ROCKLIN ROAD  
ANIMAL  
HOSPITAL**

**Welcome!  
Client Information**

"...BECAUSE THEY'RE A PART OF YOUR FAMILY"

**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 hear about us? Social Media \_\_\_ Style Magazine \_\_\_ Location \_\_\_ Rocklin Chamber \_\_\_ Placer SPCA \_\_\_ Fieldhaven \_\_\_ Kitten Central \_\_\_ Google/Bing \_\_\_ Yelp \_\_\_ Referral \_\_\_ Other \_\_\_

If referral, whom may we thank? \_\_\_\_\_ If Other, 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**