

Welcome to Appleby Sand Road Animal Clinic

Owner Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Preferred Method of contact for reminders (check one): Email Call

I hereby authorize Appleby Sand Road Animal Clinic, PC to examine, prescribe, and treat my animals. I assume responsibility for all charges incurred in the care of my pets. I understand that **ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

Sign: _____ Date: _____

Other contact: _____

Cell Phone: _____

Initial here to give this person permission to make decisions on your account _____

PETS

Name	Species	Breed	Color	DOB	GENDER	Spayed/Neutered
_____	_____	_____	_____	_____	_____	Y N
_____	_____	_____	_____	_____	_____	Y N

Previous Clinic: _____ Permission to request records: Y/N

Photo Release

If you would like us to include your pet's picture on their profile in our system, please email one to applebysandrdanimalclinic@gmail.com

I hereby authorize Appleby Sand Road Animal Clinic to publish photographs taken of me and/or my pets. I agree to the use of these photos for marketing materials, website, social media, online media shares, and any future media project. I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking, use, or publication of these photographs by Appleby Sand Road Animal Clinic.

Sign: _____ Date: _____