

# Indian Hills Animal Clinic

To Listen. To Diagnose. To Help. To Heal.

## Welcome!

### Client Information

Owner Name \_\_\_\_\_ Spouse/Co-Owner \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
City/State \_\_\_\_\_  
Primary Phone: ( Home  Cell) \_\_\_\_\_ Secondary Phone: ( Home  Cell) \_\_\_\_\_  
Email Address \_\_\_\_\_

(These lists are for the sole purpose of Indian Hills Animal Clinic/Online Pharmacy)

Please add my name to your email list.  I give Indian Hills Animal Clinic permission to contact my cell phone.

### How did you learn about our clinic?

Internet (I)  Sign/Location (S)  Phone Book (PB)  Woofstock/Dog-N-Jog (D)

Referred By: Whom \_\_\_\_\_  Other: Please Explain \_\_\_\_\_

### Pet Information

	Pet #1		Pet #2		Pet #3		Pet #4		Pet #5	
Name										
Species/Breed										
Color										
Age/Date of Birth										
Sex (circle)	Female	Spayed/ neutered? Yes No	Female	Spayed/ neutered? Yes No	Female	Spayed/ neutered? Yes No	Female	Spayed/ neutered? Yes No	Female	Spayed/ neutered? Yes No
	Male		Male		Male		Male		Male	

Name of Previous Vet Clinic:  
(to gather patient history) \_\_\_\_\_

Download our *PetPage by AllyDVM* app to keep track of your pets medical information, request appointments or medications.



### Financial Responsibility Agreement

I am requesting that veterinary care be provided for pets presented by me or my agents acting on my behalf. I understand that the hospital staff will provide a treatment plan of current and anticipated charges at every visit. I am aware that any check returned by my bank will incur a fee.

Indian Hills Animal Clinic offers several methods of payment including:

Cash      Visa      Mastercard      Discover      American Express      Care Credit

I accept financial responsibility for the treatment of the patient(s) listed above and understand that payment is due in full when services are rendered.

Print Name

Signature

Date

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## Photo Release Form

I grant to Indian Hills Animal Clinic, its representative and employees the right to take photographs of me and/or my pet, and to copyright, use and publish the same in print and/or electronically.

I agree that Indian Hills Animal Clinic may use such photographs of me and/or my pet with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, web content, and social media.

- The above may take photos of me and/or my pet.
- The above may NOT take photos of me and/or my pet.

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Print Name

Signature

Date