



NEW CLIENT & PATIENT INFORMATION SHEET

Welcome to Winslow Animal Hospital.

So we may provide you with exceptional service, please complete this information sheet.

CLIENT INFORMATION

First Name: _____ Primary Phone (____) _____
Last Name: _____ Secondary Phone (____) _____
Address: _____ Employer: _____
City: _____ Work Phone: (____) _____
State: _____ Zip: _____ Spouse: _____
County: _____ E-mail address: _____
Over the age of 65? Yes No Date of Birth: _____

Payment options: Cash Debit Visa Master Card Discover AMEX Care Credit
Winslow Animal Hospital **no longer is accepting checks**. We also **do not bill** or **offer payment agreements**. We do offer Care Credit a healthcare credit card that makes it easy to give your pets the care they need, when they need it. We do apologize for any inconvenience this may cause.

PATIENT INFORMATION

Pet's name: _____ Breed: _____
Species: Canine Feline Color: _____
Sex: Male Neutered Female Spayed Date of Birth: _____

Medical History

Reason for today's visit: _____
Does your pet have any allergies or special health problems that we need to be aware of as well as taking special medication? If yes, please explain: _____

Date of last exam: _____ Is your pet currently on heartworm preventive? Yes No
(If yes when was the last test done) _____

Last Rabies Booster: _____
 1 year 3 year

Who is your previous veterinarian? _____ Phone: (____) _____

Referral Information

How did you become aware of Winslow Animal Hospital? Website Other _____
 Friend- whom may we thank? _____ Community Event Drove by
 Veterinarian- whom may we thank? _____ Social Media-what site? _____

I verify that all information provided is accurate. I assume responsibility for all charges incurred in care and treatment of said patient. I understand payment is expected at the time of service. I authorize Winslow Animal Hospital to release medical information to referral veterinarians, animal shelters, or kennels if requested.

Signed _____ Date _____

(CSR Initials _____)
Authorization for pet's photo next page →



RELEASE OF LIABILITY FOR USE OF NAME, PHOTOGRAPHIC IMAGE OR VIDEO

In connection with the production and distribution of any and all marketing or advertising efforts for Winslow Animal Hospital, its representatives or any entity acting with its permission or authority, I wave all rights of inspection or approval with regard to any recording, taping, reproduction proposed printed, audio or video publication and or other use of my pet's name, photographic image or likeness and/or sound recording.

I give Winslow Animal Hospital, the irrevocable right, permission and license to publish, reproduce, distribute, and/or otherwise use my pet's name and any still or moving photographic image, likeness or sound recording in which he/she may be portrayed for the purpose of promoting the hospital of any of its projects of promoting excellent care for pet's and I relinquish any and all rights to said projects.

Nothing in this agreement shall constitute any obligation on the part of Winslow Animal Hospital, or its representatives to make any use of any of the above mentioned reproductions of my pet's name, photographic image or likeness, and/or sound recording.

I release, discharge and agree to hold harmless Winslow Animal Hospital from and against any and all liability to me or any third parties resulting from their use of my pet's name, photographic image or likeness or sound recordings in promotion of the business or its projects. In support of Winslow Animal Hospital, I express tha my participation is voluntary and I assume complete responsibility for acting in a professional manner in connection herewith.

SIGNATURE (Parental signature required for minors under 18 years of age)

PRINT NAME

DATE