



### Client/Patient Information

Date \_\_\_\_\_

Owner's Name \_\_\_\_\_ Spouse/Other \_\_\_\_\_

Preferred Email Address \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Phone Number \_\_\_\_\_ [ ] cell [ ] home

Other Phone Number \_\_\_\_\_ [ ] cell [ ] home

Spouse/Other Cell \_\_\_\_\_ Name \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Preferred contact method [ ] PHONE [ ] TEXT [ ] EMAIL

Pet's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

[ ] Dog [ ] Cat [ ] Other \_\_\_\_\_

[ ] Male [ ] Neutered

[ ] Female [ ] Spayed

Breed \_\_\_\_\_ Color \_\_\_\_\_

Allergies or previous illness? \_\_\_\_\_

Does your pet have insurance? Yes [ ] No [ ] Carrier \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Media release** - I grant to Reading Animal Clinic the right to take photographs of me and/or my pet, and to use and publish the same in print and/or electronically on social media, as publicity or as web content.

I authorize RAC to take and use photos     I DO NOT authorize RAC to take and use photos

*I assume responsibility for all charges incurred in the care of this animal. I understand that payment is due as services are rendered and that a deposit may be required for hospitalization or surgical treatment. I also understand that medication cannot be dispensed without payment. We will gladly prepare you a written estimate upon request.*

Owner/Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

Signature