

**Client Information**

Name: \_\_\_\_\_ Spouse/Other name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Driver's License # \_\_\_\_\_ Place of employment: \_\_\_\_\_

E-mail: \_\_\_\_\_ Are you a senior (over 65 years old)? \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_ Spouse cell # \_\_\_\_\_

\*\*\*How did you hear of us? \_\_\_\_\_

\*\*\*Would you like to receive your pet's reminders, updates, and health results via text messaging in the future should it become available? If yes, please enter # that will receive texts: \_\_\_\_\_

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Payment Policy:

I assume responsibility for all charges incurred in the care of my pet(s). I understand that **payment is due at time of services rendered** and a deposit may be required. There will be a \$5 minimum, or a 2% monthly charge added to all outstanding balances and a \$30 charge for bounced checks.

**Signature of owner/agent:** \_\_\_\_\_

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Photo release:

I grant to Okaw Veterinary Clinic, its representatives, and employees the right to take photographs of my pet, and to copyright, use and publish the same in print and/or electronically. I agree that Okaw Veterinary Clinic may use such photographs of my pet with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

**CHECK ONE**

- Okaw Veterinary Clinic may take photos of my pet
- Okaw Veterinary Clinic may NOT take photos of my pet

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_