



Welcome to Pets in Need Veterinary Clinic! Please provide us with the following information to help us help your pet:

**Pet name** \_\_\_\_\_ **Species** Dog Cat Other  
**Breed** \_\_\_\_\_ **Color/markings** \_\_\_\_\_  
**Date of birth/age** \_\_\_\_\_  
**Sex** Male Neutered Female Spayed  
**Date of last rabies vaccination** \_\_\_\_\_

***Previous/Referring Veterinarian Information:***

**Hospital name** \_\_\_\_\_ **Phone number** \_\_\_\_\_

***Owner Information:***

**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Apartment #** \_\_\_\_\_  
**City/State/zip** \_\_\_\_\_  
**Phone number** (\_\_\_\_\_) \_\_\_\_\_ **Alternate phone** (\_\_\_\_\_) \_\_\_\_\_  
**Email address** \_\_\_\_\_

I understand full payment must be made at the time services are performed. I assume financial responsibility for all charges incurred and agree to pay 100% of the balance of my invoice at the time of checkout. I certify that I have read, understand, and agree to the above information. I certify the above information is accurate and has been completed to the best of my ability.

I hereby grant and authorize Pets In Need Veterinary Clinic the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of me and my pet(s) to be used in and/or for any lawful promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration.

**Please check this box if you decline to have your picture taken**

All pets must be spayed or neutered within six (6) months of your first appointment at the Pets in Need Veterinary Clinic. Failure to comply with this policy will automatically disqualify you from receiving services at the pets in need veterinary clinic.

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**Signature of Owner**

**Date**