



## Welcome! Client Information

**Owner/Agent:**

First Name	M.I.	Last Name	Cell Phone	Work Phone	Can We Text You?	DOB
Spouse/Other First Name	M.I.	Last Name	Cell Phone	Work Phone	Can We Text You?	DOB
Home Address:		City:	State:	Zip:		
Email Address:			Home Number:			
Emergency Name:			Emergency Phone:			
Your Driver's License #		Spouse/Other Driver's License #				
Your Employer		Spouse/Other Employer				

**Pet's Information:**

Dog/Cat	Pet's Name	Breed	Color	DOB	Gender	Spay/Neutered

How did you hear about us? Social Media \_\_\_ Style Magazine \_\_\_ Location \_\_\_ Folsom Chamber \_\_\_ Foothill Dog Rescue \_\_\_ Greater CA German Shepard Rescue \_\_\_ Google/Bing \_\_\_ Yelp \_\_\_ Referral \_\_\_ Other \_\_\_

If referral, whom may we thank? \_\_\_\_\_ If Other, please explain: \_\_\_\_\_

I, the undersigned, do hereby consent and agree that Veterinary Medical Center of Folsom, its employees, or agents have the right to take photo, videotape, or digital recordings of my above-listed pet(s) and release all rights to exhibit this work in print and electronic form publicly or privately. I also understand that Veterinary Medical Center of Folsom is not responsible for any expense or liability incurred as a result of my, or my pet(s) participation in any photos and/or recordings. Decline: \_\_\_

I hereby authorize the staff Veterinary Medical Center of Folsom, to examine, prescribe for and treat the above-described pet(s). I assume responsibility for all charges incurred in the care of this/these animal(s). I also understand that all charges will be paid at the time of release of my pet and that a deposit may be required before treatment.

Signature of Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT IS REQUIRED AT TIME OF SERVICE**