



Date: _____

Owner's Name: _____
Last First

Co-Owner's Name: _____
Last First

Address: _____ **City:** _____ **Zip Code:** _____

Cellphone: _____ **Home/ Work Phone:** _____

Email Address: _____ **DL#** _____

Owner's Date of Birth : _____ (**REQUIRED IN ORDER TO DESPENSE CONRTOLLED DRUGS**)

Patients Name: _____

DOB (approximate age): _____ **Breed:** _____ **Color:** _____

Primary Veterinarian: _____

Hospital Name: _____ **Veterinary's name:** _____

Any known medical conditions or allergies? **(YES/NO)** If so please Provide brief describe: _____

Please initial the following:

Record release statement: Unless otherwise stated, you are giving VCA permission to release the medical record of this patient.

Likeness release: I hereby grant VCA Eye Clinic for Animals, their successors and assigns, irrevocable permission to record and use my horse(s) name and image ("likeness") in all forms and media, including but not limited to social media such as Facebook, Twitter, Instagram for the purpose of communication, public relations, education, marketing, advertising, publicity, training or any other lawful purpose. I hereby waive any right to payment, compensation or royalties arising out of or related to the use of my horse(s) likeness by CVS.

Payment requirement: I understand payment in full is required at time services are rendered and that the \$593.50 fee, is for the initial examination only, and due at the time the appointment is made. Additional fees may be rendered at the time of the exam for additional testing, treatments, sedation or medications. If surgery is recommended a deposit of the low end of the estimate will be required prior to the procedure being performed. Please no personal checks, checks will not be accepted.

Please sign for the following authorization for treatment:

I hereby authorize VCA Eye Clinic for Animals to preform Medical care for my horse(s) as deemed necessary by the Veterinarian. I understand No Guarantee can be given to the outcome of medical treatments or surgeries.

X _____
Signature of Owner Date Co-Owner's Signature Date