



VCA Eye Clinic for Animals

Client and Patient information sheet

Date: _____

Owner's Name: _____
Last First

Co-Owner's Name: _____
Last First

Address: _____ City: _____ Zip Code: _____

Cellphone: _____ Home/ Work Phone: _____

Email Address: _____

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

Patients Name: _____ (Canine/ Feline) (Male/Female) (Neutered/Spayed)

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

Does your pet have any tendency to bite/scratch or be aggressive in any way? _____

Patient lasted vaccinated: _____ Last rabies Vaccination: _____

Primary Veterinarian: _____

Hospital Name: _____

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 pet'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 pet's likeness by CVS.

Please sign for the following authorization for treatment:

I hereby authorize the staff at VCA to render any treatment that is deemed necessary to my pet's health while in the custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding with treatment. I understand that I will be financially responsible for all emergency procedures including Estimate of Charges provided to me in person or over the telephone. I understand that professional fees are to be paid at the time services are rendered and a deposit is required on all pets admitted to the hospital.

X

Signature of Owner

Date

Co-Owner's Signature

Date

For more information on how we collect and use information about you and your pet, and how to opt-out of some uses, please see our Privacy Policy at vcahospitals.com/privacy-policy.