



## New Client Form

### YOUR INFORMATION

Date: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
(Full legal name: First, Middle, and Last)

Co-Owner Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
(Full legal name: First, Middle, and Last)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please circle the best phone to reach you during the day.**

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Co-Owner Cell: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Co-Owner: \_\_\_\_\_

Work phone(s) Owner: \_\_\_\_\_ Co-Owner Work: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Can we add your email to our newsletter list? Yes No

Number for texting: \_\_\_\_\_ Cell Phone Provider (required for texting) \_\_\_\_\_  
(example: Verizon)

**For updates about your pet, circle which you prefer: Email Text Phone Call**

Driver's License number: \_\_\_\_\_ Do you have pet insurance? (Circle) Yes No  
(For payments with check)

**All fees are due at the time services are rendered.** We accept cash, checks, all major credit cards, and Care Credit. Pets adopted from the Champaign County Humane Society receive their first exam at no charge if seen within 7 days of adoption.

**I verify I am the legal owner of all pets registered with Loving Paws Pet Clinic and responsible for all financial fees incurred. I verify that all other legal owners are listed on this form and allowed to make all decisions regarding all pets. This applies to all present and future pets unless changed in writing.**

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

*Owners must inform us in writing of any changes in ownership as soon as possible.*

How did you become aware of our clinic/whom should we thank? \_\_\_\_\_

## YOUR PET'S INFORMATION

	Pet #1	Pet #2	Pet #3	Pet #4
Name				
Breed				
Date of Birth				
Color				
Gender				
Spayed/Neutered?				

Indicate if any pet(s) have allergies: \_\_\_\_\_

List any chronic medications your pet(s) are on: \_\_\_\_\_

## CONSENT TO RELEASE RECORDS & PHOTO RELEASE

### Medical Records:

**Yes**, I give permission to Loving Paws Pet Clinic, its employees and agents, to disclose any or all details of my pet(s) records to the following facilities and individuals. I verify that I am the owner of all pets on file with Loving Paws Pet Clinic. I understand this permission will be in effect for all current and future pets that I may possess unless rescinded in writing. Records will be given to appropriate authorities as required by law.

**Check the facilities and print the names of individuals allowed to receive information.**

- Boarding and grooming facilities  Veterinary facilities  
 Humane shelters and Rescue organizations

Individuals (such as family members): \_\_\_\_\_

**NO**, I do not want my pet(s) records released to anyone.

### Photo/Video Release:

**Yes**, I give permission for Loving Paws Pet Clinic to use photos and video taken of my pet(s) on their website, on social media, internally, etc. This consent will remain in effect until rescinded in writing.

**NO**, I do not want my pet(s) photos and video released. I understand that my pet(s) photo may still be used for internal identification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Date

Welcome to the Loving Paws Family!