



New Client Form

YOUR PERSONAL 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 communications & results, circle which you prefer: Email Text Phone Call

Do you have Companion Protect pet insurance? (Circle) Yes No

Driver's License number: _____ State issued (if not IL): _____
(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. If a check is returned as insufficient funds, there will be a \$35 fee added.

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? _____

(Please fill out pet's information on next page)

YOUR PET'S INFORMATION

	Pet #1	Pet #2	Pet #3	Pet #4
Name				
Breed				
Date of Birth/Age				
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 I understand this permission will be in effect for all current and future pets that I may possess unless rescinded in writing.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 Insurance Companies

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!