

Client # \_\_\_\_\_

## Client Registration For Noah's Friends Inc

Date \_\_\_\_\_

Please mark **one** number to call first.

Primary owner \_\_\_\_\_  Cell ( ) \_\_\_\_\_  Home ( ) \_\_\_\_\_  
Must be 18 years of age or older

Second owner \_\_\_\_\_  Cell ( ) \_\_\_\_\_  Home ( ) \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

E-mails are used for vaccination reminders, appointment confirmations and follow-up contact after your visit.

If new to our clinic, how did you hear about us? \_\_\_\_\_

Previous veterinary records/clinic \_\_\_\_\_ phone ( ) \_\_\_\_\_

### Photo Release

I grant Noah's Friends Inc, its representatives and employees the right to take photographs of me and/or my pets, and to copyright, use and publish the same in print and/or electronically. I agree that Noah's Friends Inc may use such photographs of me and/or my pets with or without my name and for any lawful purpose, including for publicity, illustration, advertising and Web content.

Please initial **one** choice:

\_\_\_\_\_ Photos MAY be taken of me and/or my pets for the purposes listed above.

\_\_\_\_\_ Photos may be taken of my pet(s) ONLY for clinic identification purposes and personal pet cards.

\_\_\_\_\_ The above may NOT take photos of me and/or my pets.

### Authorization

I hereby authorize the veterinarian to examine, prescribe and/or treat my pet(s). I assume responsibility for all charges incurred in the care of my animal(s). I also understand that these charges will be paid at the time of release and that a deposit may be required for hospitalization and/or surgical treatment. If any balance is left unpaid 90 days after date of service, the account will be turned over for collection. I will be responsible for all collection costs, court costs, attorney fees and interest that may be incurred. Failure to show for a scheduled appointment may incur a charge of \$40 for an office visit and \$100 for surgery.

Signature of Owner or Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_