

Client # _____

Client Registration

For Noah's Friends Inc.

Date _____

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

Primary owner _____

Must be 18 years of age or older

Cell () _____ Home () _____

Second owner _____

Cell () _____ Home () _____

Address _____ County _____

City _____ State _____ Zip _____

E-mail address _____

E-mails are used for vaccination reminders, appointment reminders and follow-up contact.

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 equal to an office visit or the base price for the scheduled surgery.

Signature of Owner or Authorized Agent _____ Date _____