

# Lake Forest Animal Clinic

## Client Information

\_\_Dr \_\_Mr

\_\_Mrs \_\_Ms

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work #: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

Email: \_\_\_\_\_

Spouse /Co-Owner / Agent: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Have you had other pets treated here previously?  YES  NO **Personal Referral Name:** \_\_\_\_\_

### How did you hear of our office?

Google  Clinic Sign  Animal Shelter  Facebook  Instagram  Yelp Other: \_\_\_\_\_

I understand that professional fees are to be paid at the time services are rendered and that deposits are required on all hospitalized and surgical patients. Cash, Check, Visa, MasterCard, Discover and CareCredit are accepted for your convenience. There will be a \$25.00 service charge imposed for all returned checks.

**I AGREE AND CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
**Owner's Signature**

\_\_\_\_\_  
**Date**

### AUTHORIZATION TO DISCLOSE

By signing below, I authorize **Lake Forest Animal Clinic** to disclose my contact information, including but not limited to, my name and address, and information about my pet, including its name, breed, size, color, and other identifying markers to third parties for the purpose of providing vaccine reminders, releasing medical records to requesting veterinarians, providing appointment reminders, issuing product recalls, providing wellness or other veterinary health care information or other special veterinary information that may be of interest to pet owners.

This Authorization to Disclose is intended as my written authorization pursuant to California Business and Professions Code section 4857 is limited to the items listed above and does not authorize disclosure of my pet(s)' medical records beyond what is specifically authorized pursuant to section 4857.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

FOR OFFICE USE ONLY: Date _____  Int _____
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**\*\*\*Please *initial* the following release:**

Pet Photos and videos – I agree to allow Lake Forest Animal Clinic to use photos and video taken at their Facility to be shown on social media platforms such as Lake Forest Animal Clinic website, Instagram, Facebook and YouTube.

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**PLEASE SEE BACKSIDE**