



NEW CLIENT FORM

CLIENT INFORMATION

Last Name:	_____	First Name:	_____		
Spouse Name:	_____	Spouse #:	_____		
Address:	_____				
City:	_____	State:	_____	Zip Code:	_____
Home Phone:	_____	Cell Phone:	_____		
Work Phone:	_____				
E-mail Address:	_____				
How were you referred?	_____				

PET INFORMATION

Patient Name:	_____		
Species:	Canine(dog)	Feline(cat)	Other (Please Specify): _____
Breed:	_____	Color:	_____
Gender:	_____	Spayed or Neutered	Age: _____ (Week, Months, Years)
Reason for Visit:	_____		

PHOTO RELEASE FORM

I grant Houston Veterinary Hospital, the right to take photographs of me and/or my pet, and to copyright, use and publish the same in print and/or electronically.

I agree that Houston Veterinary Hospital may use such photographs of me and/or my pet with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

_____ The above may take photos of me/and my pet

_____ The above may **NOT** take photos of me and/or my pet

Signature: _____

Printed Name: _____