



Client's Name:

NEW PATIENT INFORMATION

Pet's Name:	<input type="text"/>	Dog/Cat:	<input type="text"/>	Male/Female:	<input type="text"/>
Spayed/Neutered:	<input type="text"/>	DOB/Age:	<input type="text"/>	Microchip No:	<input type="text"/>
Breed:	<input type="text"/>	Color(s):	<input type="text"/>		

Previous Vaccinations/Medical History (include Rx):

AUTHORIZATION TO RELEASE INFORMATION

I authorize College Mall Veterinary Hospital (CMVH, hereafter) to release medical records, as needed, either by fax, (e)mail, or over the phone to the following: (CHECK ALL THAT APPLY)

Boarding/Day Care Facility, Pet Sitter, Dog Park, Groomer, or Training Facility:

Rescue Organizations or Animal Shelters: Family Members: New Owners:

Other:

ALL OF THE ABOVE:

NO, I DO NOT WANT MY PET'S MEDICAL RECORDS RELEASED:

I understand the original medical record (including radiographs) will remain the property of CMVH. CMVH and its employees are released from legal responsibility or liability for the release of this information to the extent indicated and authorized herein.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature

Printed Name

Date

AUTHORIZATION FOR PHOTO RELEASE

I give CMVH the right to take photos and/or video of my pet and use the photos or video for reproduction in any medium including but not limited to; website, video, broadcast, print, and electronic means for purposes of advertising, trade, display, exhibition or editorial use. Further, you also (i) agree to release from all claims for libel, slander, invasion of privacy, infringement of copyright or right of publicity or any other claim and (ii) confirm you are over age of 18 years old. CMVH will not release owner/guardian information.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature

Printed Name

Date