**SPCA Albrecht Center for Animal Welfare Veterinary Clinic**

Client Information:

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

Authorized User’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Spouse/ Partner/ Relative/ Friend)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Home/ Cell/ Work)

Secondary Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Home/ Cell/ Work)

Primary E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you find out about us? (Family/ Friend/ Online Search) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can we reach out to thank someone for recommending us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet Information:

Pet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cat/Dog Male/Female

Age/ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is your pet spayed/ neutered? Yes/No

Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fur Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_**Consent for the disclosure and use of images.** By initialing I consent to the use of my pet’s images for purposes including, but not limited to, the SPCA Albrecht Center for Animal Welfare Shelter & Veterinary Clinic Website & Facebook page.

**\*\*Payment is due in full at the time of discharge\*\* WE DO NOT ACCEPT CHECKS**

 **STATEMENT OF OWNERSHIP, CONSENT AND WAIVER OF LIABILITY**

 I hereby state that I am the owner and or agent of the above-mentioned animal, and that I am 18 years of age or older. I have the authorization to consent to treatment if and when it is needed I agree to indemnify and hold harmless the SPCA and any officers or employees of said corporate entity from any and all liability for problems that develop provided reasonable care and precautions are followed. I hereby request the SPCA Albrecht Center staff to treat any issue that develops with my pet in my absence as deemed best by the veterinarian on duty and I assume all responsibility for the expense of treatment.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Legal owner or Responsible Party Date:**