

Please make any changes necessary to your contact information:

Pet Owner Information:

<first-name> <last-name> Spouse: <spouse>

<address> <city>, <st> <zip>

Home telephone: <phone> Work telephone: <business> Cell telephone: <cell-phone>

Email address: <e-mail>

Pet Name: _____ Dog _____ Cat _____ Other: _____

Breed _____ Color _____ Birthdate/Age: _____

Sex: Male _____ Female _____ Spayed/Neutered: Yes _____ No _____

Any previous serious illnesses or surgeries?

Any allergies to vaccinations or medications?

Is your pet on any special diets or medications?

In Connecticut, all dogs and cats over the age of 3 months are required by law to be vaccinated against rabies. Is your pet current on his or her rabies vaccination?

Yes _____ (must provide proof) No _____ (my pet will need the rabies vaccination)

I hereby certify that I am the owner or authorized agent of the above pet. I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that all professional fees are due at the time services are rendered and a deposit may be required for surgical procedures.

Owner Signature: _____ Date _____

Social Media Consent

I hereby give South Windsor Veterinary Clinic permission to use photographs taken of me and my pets for the purpose of posting on South Windsor Veterinary Clinic's Facebook, YouTube, Twitter, Instagram and the clinic website.

I hereby release and discharge South Windsor Veterinary Clinic from any and all claims arising out of use of the photos and/or videos.

Owner Name: _____ Pet Name: _____

Signature: _____ Date: _____

Health Records Policy

To ensure the confidentiality of patient medical records, a written authorization is required in order for South Windsor Veterinary Clinic to produce copies of your pet's medical records:

Owner Name: _____ Pet Name: _____

I attest that the above pet is owned by me and I authorize the South Windsor Veterinary Clinic to release any medical records upon my request. Yes _____ No _____ (fees may apply).

Signature: _____ Date: _____

***Did you know that if your email is registered with us in your patient file you can access your pets' records from our website. This user friendly site will provide you with your vaccination history, names of dietary items you have purchased with us, medications dispensed, when your pet is due next and a chronological history of services.*

Which form of payment would you prefer to use? We accept the following:

Cash _____ Mastercard _____ Visa _____ American Express _____ Discover _____ Care Credit _____

Please be aware we do not accept personal checks. Payment is due at the time of services.