

Carrboro Plaza Veterinary Clinic

◆ Sheri Randell, DVM ◆ Mary Snyder, DVM ◆
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CLIENT/PATIENT INFORMATION

ID: _____
IE: _____ NCL: _____
(Office Use Only)

Owner Name _____

COUNTY OF RESIDENCE (circle one): **Orange** Chatham Durham Wake Other: _____

Home phone _____ Cell _____ Work _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Emergency contact name & ph# (other than you) _____

Please list any additional owners of pet(s) in your account: _____

How did you *first* hear about us?

Friend _____ Who? _____ Google _____ Facebook _____ Yelp _____

Veterinary Referral _____ Shop in Plaza _____ Other _____

PET INFORMATION

1. Pet Name _____ Species _____ Breed _____

Sex _____ Fixed? Yes / No Color _____ Birth-date? _____

2. Pet Name _____ Species _____ Breed _____

Sex _____ Fixed? Yes / No Color _____ Birth-date? _____

Permission to Use Pet Photographs

Here at CPVC we think our patients are the cutest around!

From time to time we may ask to take photographs of your pets for their medical records, or just to show off how adorable they are on our Facebook page or website.

I CONSENT to have photographs taken _____ (initial)

I DECLINE to have photographs taken _____ (initial)

I grant Carrboro Plaza Veterinary Clinic, its representatives and employees the right to take photographs of me, my pet(s), and my property in connection with Pet Photographs. I authorize Carrboro Plaza Veterinary Clinic, its assigns and transferees to copyright, use and publish in print and/or electronically. I agree that Carrboro Plaza Veterinary clinic may use such photographs for any lawful purposes, including for example such purposes as publicity, illustration, advertising, and web content.



By signing below you are stating that you are the legal owner of the pet(s) in your account. Any additional co-owners must be listed above. Your permission is required to release medical records.

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. We will gladly prepare an estimate if you desire. Please ask the receptionist or doctor for details.

Any outstanding balances over 30 days will be charged a finance charge of 1.5% per month (18% per year).

I have read and understood the above ownership agreement and payment policy.

Signature: _____