

# 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 \_\_\_\_\_

Additional Contact Number \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency contact name & # (other than you) \_\_\_\_\_

Please list any additional owners of the pet(s) in your account : \_\_\_\_\_

### How did you first hear about us?

Friend? \_\_\_ Who? \_\_\_\_\_ Google? \_\_\_ Facebook? \_\_\_ Yelp? \_\_\_

Shop in Plaza? \_\_\_\_\_ Veterinary Referral? \_\_\_\_\_ Other? \_\_\_\_\_

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:** \_\_\_\_\_

