

Fischer Animal Hospital
117 Birdie Hills Rd.
St. Peters, MO 63376
636-240-7646

NEW CLIENT FORM

OWNER INFORMATION:

Date_____

Last Name_____ First Name_____

Address_____ City_____

Zip code_____ Home Phone_____

Cell_____

Spouse_____ Spouse Cell_____

Email_____

Do you give Fischer Animal Hospital Permission to release medical records to other veterinary facilities, groomers, or boarding facilities if requested? _____

How were you referred to Fischer Animal Hospital (Who should we thank, they will get 10% their next visit)?_____ or was it from one of the following sources: Yellow Pages, Mail, Fliers, Web Site, Drive past Sign, Chamber of Commerce

I understand that fees are payable at the time of services rendered unless prior arrangements have been made and the proper forms have been completed.

SIGNATURE

Photo Release

I grant Fischer Animal Hospital, its representatives and employees the right to take photographs of me and/or my pet, and to copyright, use and publish the same in print and/or electronically. I agree that Arch Animal Hospital may use such photographs of me and/or my pet with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

- The above may take photos of me and/or my pet

- The above may NOT take photos of me and/or my pet