



RENSSELAER
PETCARE

Client Information Form

Today's Date _____ Owner Name _____

Owner Date of Birth _____ Co-Owner Name _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____

Email _____

Would you like to receive text messages from our clinic? _____ Yes _____ No

Preferred Form of Communication _____ Text _____ Email _____ Both

Pet's Name _____

Sex _____ Male _____ Male (neutered) _____ Female _____ Female (spayed)

Breed _____ Color _____ Age/Date of Birth _____

Medical Alerts

Allergies

Photo Consent: I hereby grant Rensselaer Pet Care permission to use my pet, my pet's likeness, or pet's sounds in photographs and/or videos in any and all of its publications and in any and all other media, whether now, known or hereafter existing. This material may be edited, copied, exhibited, published, or distributed without any right to inspect or approve the finished product. I will make no monetary or other claim against Rensselaer Pet Care for their use. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be.

____ I give consent

____ I do not give consent

Rensselaer Pet Care requires payment in full at the end of your pet's examination and/or time of discharge. We offer multiple payment options: cash, check, Visa, Discover, Mastercard, American Express, Care Credit, and Scratchpay. For all pet insurance policies, we require payment in full and will provide your carrier with necessary documentation for claim submissions. Full financial policy information available upon request. Signing this form acknowledges the reading and understanding of this policy and agreement to be bound thereby throughout my pets' care and treatment at Rensselaer Pet Care.

____ I have read and understand

Signature