

# New Client Form

## OWNER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Other Authorized Owners for Account: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite/Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_ Work#: \_\_\_\_\_

Email (for electronic reminders and communication): \_\_\_\_\_

Driver's License #: \_\_\_\_\_ (if paying with a check only)

## PET INFORMATION

Name	Dog/Cat	Breed	Color	Male/Female	Spayed/Neutered	Age / DOB
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

## HOW DID YOU FIND US? (Circle all that apply)

Driving By    Internet    Google.com    YELP.COM    SA Yellow Pages    Randolph AFB Yellow Pages

Randolph Air Force Base Vet    DemandForce.com    Other: \_\_\_\_\_    Referral Name: \_\_\_\_\_

## Photo Release Form - Permission to Use Photographs

Pet's Name and Last Name: \_\_\_\_\_    C (check box to authorize ALL pets on your account)

I grant Kitty Hawk Animal Hospital, their representatives and employees the right to take photographs of me, my pet(s) and my property in connection with the above specified subject. I authorize Kitty Hawk Animal Hospital, it's assigns and transferees to copyright, use and publish the same in print and/or electronically. Photographs can be used with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration advertising and Web content.

I have read and understand the above:

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\* **OPTION TO DECLINE** \*\*\*\*\*

I do not authorize photographs of my pet to be taken or used by Kitty Hawk Animal Hospital.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_