



**Kindred Care Pet Hospital**  
*Your Other Family Doctor*

# Client & pet information

Kindredcarepet.net 281-265-0009

## How Did You Hear About Us?

Friend \_\_\_\_\_
  Sign
  Print Advertisement  
 Internet Search Engine
  Website
  Direct Mail
  Other \_\_\_\_\_

## Client Information

Client Name \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Spouse's First Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Number and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Client Email Address \_\_\_\_\_  
 Client Phone \_\_\_\_\_  
 Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Spouse Phone \_\_\_\_\_  
 Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Alternate Emergency Contact \_\_\_\_\_  
 How would you like to hear from us:  
 \_\_\_\_\_ Text \_\_\_\_\_ Email \_\_\_\_\_ Call \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

## Pet Information

	PET 1	PET 2	PET 3	PET 4
Name				
Dog or Cat				
Breed				
Color/Markings				
Age or D.O.B.				
Male or Female				
Spayed/Neutered?				
Microchip #				

## Who was Your Previous Veterinarian?

Clinic Name \_\_\_\_\_ Clinic Number \_\_\_\_\_ May we call to request any Medical  
 Records if necessary \_\_\_ Yes \_\_\_ No

I hereby authorize the staff of Kindred Care Pet Hospital to render any treatment which is deemed necessary to the health of my pet(s) while in custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me or my designated representatives before, if time permits, proceeding with the treatment. I understand that I will be financially responsible for all emergency procedures including the Estimate of Charges provided to me in person or over the telephone. I understand that a deposit is required on all pets admitted to the hospital. I understand that professional fees are to be paid at the time services are rendered and that should my account payments not be kept in good standing that my account may be forwarded to a third party collection agency which may affect my credit rating.

Signature of Owner / Good Samaritan \_\_\_\_\_ Date \_\_\_\_\_



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**Photo Release Form**

I grant Kindred Care Pet Hospital, it's 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 Kindred Care Pet 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 purpose as publicity, illustration, advertising, and Web content.

Kindred Care Pet Hospital may post photos of my pet on their Facebook page.

Kindred Care Pet Hospital may take photos of me and/or my pet.

Kindred Care Pet Hospital may **NOT** take photos of me/or my pet.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_