

Client Signature

The Meadows Veterinary Center

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Date

Client Information Form Date: / Please make any additions, changes, or corrections in the space below: **Client Name:** Spouse/Other: Address: **Phone Number:** E-mail address: Changes: Your e-mail information will be kept in strict confidence and will only be used to send you valuable information from The Meadows Veterinary Center. Please help us become a more "green" practice. How did you hear about us? ☐ Web search ☐ Facebook ☐ Direct mail Phone book Magazine/newspaper ad Location Word of mouth - Who may we thank for referring you? Other: _____ Breed: _____ Pets: ☐ Canine ☐ Feline Age: Breed: _____ Canine Feline Age: ____ Breed: ____ _____Breed:_____ Photo release: I grant to The Meadows Veterinary Center, 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 The Meadows Veterinary Center, 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 me me and/or my pet. All payments are due at the time of services rendered. We accept cash, checks, and all major credit cards. I have read and understand the above statements and agree to all terms therein.