



Brunswick Veterinary Clinic PC
 304 1/2 Maine Street, Brunswick, Maine 04011
 Phone: (207) 729-3412 Fax: (207) 725-6471

Owner #1 _____
 Title Last name First name M.I.

Phone: Home: () Cell: ()

Owner #2 _____
 Title Last name First name M.I.

Phone: Home: () Cell: ()

Address: _____
 Number and Street

City State Zip

E-Mail: _____ @ _____

Owner #1 Place of Employment: _____ **Work Phone** () - _____

Owner #2 Place of Employment: _____ **Work Phone** () - _____

How did you hear about our hospital? Personal Recommendation: _____
 Yellow Pages _____ Hospital Sign _____ Website _____ Other _____

Payment in full is expected at time of service

Pet(s) Information:

Name _____	Name _____	Name _____
Species _____	Species _____	Species _____
Breed _____	Breed _____	Breed _____
Color _____	Color _____	Color _____
DOB/Age _____	DOB/Age _____	DOB/Age _____
Sex (S/N?) _____	Sex (S/N?) _____	Sex (S/N?) _____
Microchip _____	Microchip _____	Microchip _____

I give permission to the Veterinary Clinic to release any vaccine information to boarding/grooming facilities upon request.

Authorization for Use or Disclosure of Patient Photographic and/or Video Images

- o **Authorization:** I authorize the use and disclosure of my name, photographic/video images, and/or testimonial for marketing purposes by the Veterinary Clinic. I understand that information disclosed pursuant to this authorization may be subject to redisclosure and may no longer be protected by HIPAA privacy regulations.
- o **Purpose:** The photographic/video images, and/or testimonial will be used for social media and/or advertising.
- o **Revocability:** I understand that I may revoke this authorization at any time, but such revocation must be in writing and received by the practice via registered mail. Revocation affects disclosure moving forward and is not retroactive. This authorization expires 99 years from date signed.
- o **No Treatment Conditions:** I understand that the practice cannot condition treatment on whether or not I sign this authorization.

Client Signature _____ **Date** _____