

Timberlake Animal Hospital New Client Form

Owner(s) Information	
Owner Name:	
Spouse/Significant Other:	
Address:	
Do you prefer calls	or texts? I consent to receive SMS text messages from Timberlake Animal
Hospital. Msg&data rates may	v apply. Consumer information is not shared with third-parties for marketing purposes.
Place of Employment:	
Work Number:	
Email Address	
	Payment is due at time of service.
We acc	ept cash, credit/debit cards, or Care Credit. No checks allowed
Pet Information	
Patient Name:	Species (circle one): Canine / Feline
Breed:	Color: Sex: Spayed/Neutered?
Date of Birth:	
How did you hear about T	imberlake Animal Hospital? (circle all that apply)
Friend:	Location Facebook Website Google



Client Information Disclosure Form

Do you, as owner or responsible party, give Timberlake Animal Hospital permission to send other veterinary hospitals, grooming, or boarding facilities, and/or humane societies information from your pet's medical records, including vaccine history?

YES NO

Do you, as owner or responsible party, give Timberlake Animal Hospital permission to contact other veterinary hospitals, grooming, or boarding facilities, and/or humane societies for information on your pet's medical records, including vaccine history?

YES NO

I,______, grant permission to Timberlake Animal Hospital and its agents and employees the irrevocable and unrestricted right to create photographs and/or video images of my animals for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium. I hereby release Timberlake Animal Hospital and its legal representative for all claims and liability relating to said images and videos, and I waive my right to any compensation.

_____ Signature of

Owner or Responsible Party

Date