

REDWOOD

FAMILY VET

Client and Patient Info Sheet

Owner's name: _____

Address: _____ City: _____ State: _____ Zip: _____

Preferred phone number: _____ Is this a cell phone? Y or N

Alternate phone number: _____

Email: _____ May we send email reminders? Y or N

Spouse/Partner: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Patient Information

Patient name: _____ Breed: _____ DOB: _____

Color or Markings: _____ Male / Female Neutered / spayed / unaltered

Previous Veterinarian: _____

How did you hear about East Asheville Family Vet?

Google/internet Facebook Instagram Sign/drive-by Mailer

Family/Friend/Neighbor: _____

Social Media Consent:

I grant East Asheville Family Vet and it's employees permission to take photographs of myself and/or my pet, and to publish those photographs for any lawful purpose, including, but not limited to, their website, social media accounts, and promotional materials, either digital or in print, in perpetuity. I also grant permission to use my name and/or my pet's name.

Please read and sign below:

I understand that all fees are due when services are rendered. I may pay with cash, check, credit card, Care Credit or Scratchpay. There will be a service fee, in addition to any banking fees, for any returned checks. Should my account be referred to an independent collection agency, I understand that I am responsible for any additional cost such as collection fees, attorney fees and court costs. I hereby waive my rights of exemption under the law of the state of North Carolina and any other state.

Signature: _____

Date: _____