



**NEW CLIENT FORM**

Owners Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ h/c Additional Phone: \_\_\_\_\_ h/c  
Email: \_\_\_\_\_ Spouse/Other Phone: \_\_\_\_\_ h/c  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
How Did You Hear of Us? (Please Circle One) Sign Internet Drive By Referral  
If referred, who can we thank? \_\_\_\_\_

**Pet Information**

Name: \_\_\_\_\_ Species: Cat / Dog /Other: \_\_\_\_\_  
Breed: \_\_\_\_\_ Sex: F M (Spay/Neuter: Y N) Date of Birth/Age: \_\_\_\_\_  
Color: \_\_\_\_\_ Is your pet microchipped? Y N  
Previous Veterinary Hospital Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

**Authorization:**

**Authorization of Service:** I am the owner or authorized agent listed above, in signing this document I am permitting Dr. Richard Vetter and/or any of his licensed associates, to examine, prescribe, and treat my pet. I assume full financial responsibility for all charges incurred for the care and treatment of my pets that are listed. It is further understood that these charges will be paid at the time of service or release of my pet, and that a deposit may be required to hospitalize and/or surgical treatment of my pet.

**Social Media Authorization:**

\_\_\_\_\_ I authorize Foothills Veterinary Hospital, and their affiliates to use photos of the above mentioned pet on the social media accounts owned or otherwise controlled by or on behalf of Foothills Veterinary Hospital. I understand and acknowledge that once posted on social media, photos of my pet may be subject to further distribution by third-parties not under the control of Foothills Veterinary Hospital. I understand that it may be necessary, and hereby consent, to any reasonable modifications and editing of my pet's image as is necessary for the intended use. I relinquish all rights, title, copyright, and any other interests in any photos used in connection with this Authorization Form.

\_\_\_\_\_ I do NOT authorize Foothills Veterinary Hospital, or any of their affiliates to use photos of my pet on any social media accounts or for any other purpose.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_