



INTEGRATIVE VETERINARY CARE

Date _____

Client Information

Name _____ Partner's Name _____

Address _____

City/State _____ Zip _____ Home Phone _____

Cell Phone _____ Partner's Phone _____

Email _____

DOB _____ DL# _____

Additional Medical Decision Maker(s): _____

Home Phone _____ Cell Phone _____

Email _____

Pet Information

Pet's Name _____ Species: Dog Cat Other _____

DOB/Age _____

Breed _____ Color _____ Sex: M / F Spayed/Neutered (circle)

Please provide the name of the veterinary clinic/hospital that referred you to us:

Veterinary Clinic/Hospital Name _____

Primary Vet: _____ Phone _____

Have any other veterinarians seen your pet within the last 3 years?

Veterinary Clinic/Hospital Name _____

Primary Vet: _____ Phone _____

Social Media: I do hereby grant permission for Willow Center Integrative Veterinary Care to post my pet's photo or other items on Willow Center's social media accounts (Willow Center of-ficial website, Facebook, Twitter, Instagram, You Tube, Pinterest, etc.) **Initial** _____

I certify that I am the legal owner/duly authorized agent for the owner of the animal described above and do hereby give Willow Center, Inc., and any authorized agents, staff, or representa-tives full and complete authority to examine, prescribe for, or treat the above-described pet. I agree that Willow Center, and any authorized agents, staff, or representatives shall not be liable for any direct, indirect or consequential damages resulting from such care.

I assume full responsibility for the actions of the animal described above and all charges incurred in its care. I also understand that all professional fees are due at the time services are rendered. Failure to comply will result in action up to but not limited to submission for collections from an authorized entity.

I have carefully read and fully understand the above stated provisions.

Owner/Agent Signature (circle one)

Date