

Animal Wellness and Rehabilitation Center
Client Information and Consent Form

Name of owner: _____ Occupation: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone Number(s): _____

Email: _____

Co-owner: _____ Occupation: _____ Phone: _____

Please list any petsitters or other individuals who will be authorized to pick up your pet:

Videos and pictures are routinely taken during treatments and evaluations in order to assess the patient's progress. These pictures and videos will become part of the pet's permanent medical record. Please read the statements below and choose those statements for which you give consent.

- I authorize the use of my pet's videos and/or pictures for educational purposes (professional presentations by Dr. Pittman).
- I authorize the use of my pet's videos and/or pictures for promotional use on the practice's website.
- I authorize the use of my pet's videos and/or pictures for promotional use on the practice's Facebook page.
- Please do **not** use my pet's videos and/or pictures for anything other than to supplement the medical record.

Signature of Owner

Date

Would you like Dr. Pittman to send a summary of your pet's visit to your regular veterinarian? Yes No

Name of Veterinarian/Hospital: _____

How did you hear about us? (Whom may we thank?) _____