



Main Street Animal clinic

Owner Info:

Name: _____ Co owner: _____

Phone #: _____ Co owner phone: _____

2nd Phone #: _____ Email: _____

Can we contact you through text message? Y / N

Address: _____ Apt: _____

City: _____ State: _____ Zipcode: _____

SS: _____ DL: _____ DL State: _____

Social security and Driver's license is required. This information is kept confidential and only used if a balance is left on the account without payment to send to collections.

How did you hear about us? Billboard Google Sign/Walk in Friend/Relative

If Friend/Relative, who? _____ Other: _____

Insurance Info:

Is your pet(s) currently enrolled in an insurance plan? Y / N

If yes, with which company? _____

Please be aware that pet insurance relies completely on the owners. It is up to you to open claims and send in or request your invoices from us. Please also know that we are a one doctor practice and that there is a \$10 service fee per doctor visit that will be claimed on pet insurance. This is due to Dr. Johansen having to prioritize completing the SOAP notes and for us processing those documents.

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Photo Release:

_____ I grant permission for Main Street Animal Clinic to use my likeness/and or the likeness of my pet(s) listed below in photograph, video in any and all of its publications, including web-based publications, without payment or other consideration.

_____ I DO NOT give permission for Main Street Animal Clinic to take/ use photographs and videos of my pet(s) for any type of publication.

Photo Release Signature: _____

Date: _____

Pet Info :

	Pet 1	Pet 2	Pet 3
Name:			
Breed:			
Color:			
Age:			
Gender:			
Spayed/Neutered:			

Previous Veterinarian? _____

If your pet does not have a current Rabies vaccine (within the past year) or you do not have proof of a current Rabies vaccine, by law, we will have to administer one to your pet, granted that they are healthy enough (ie. no fever, no signs of infection).

By signing this document, you are taking full **financial responsibility** for any animals that you bring in for care, and you are verifying that you are **at least 18 years of age**. You are also agreeing to our terms: that **payment is due at time of service**, and that you understand if a balance remains on your account, there is a monthly \$5 service fee and up to 2% interest on the remaining amount.

Signature : _____

Print: _____

Date: _____