Client Information Update Form

Pumpkin Hill Veterinary Clinic Byron, NY 14422

(585) 548-9097 pumpkinhillvet@gmail.com

To ensure the best care for pets and quality communication with owners, please provide the following:

Owner's Name*		(*owner must be 18 years or older)			
Address	City_		State	Zip	
Home Phone () —	Cell Phone* () —	Accepts Texts?	□ Yes □ No	
Email*(*communication means for alerts, re	calls, confirmations & medical	health reminders)			
Spouse / Sig. Other:		Email:			
Home Phone () —	Cell Phone () —	Accepts Texts?	□ Yes □ No	
Financial Agreement					
All fees are due upon rendering	g of services. Please indica	te your choice of p	ayment method:		
	Check*	merican Express	☐ Care Credi☐ Insurance	it	
 I understand that with meregory performed by licensed I assume financial responsed responsed and care services and that a \$300 I understand that there mappointment, I understand that the use 	tial on the lines provided) by signed consent I effective staff. consibility for all charges in the rendered or as arranged 0-\$350 deposit is required may be an additional \$25.0 the of retractable leashes is probabilities for a pet owner. Is alance over 14 days will be will be and additional charges I have read, understand an	vely authorize at the curred and agree to prior to examination at the time of admination of fee for "walk-in some sent to a collection ge of \$35.00 for all d comply to agree	e time of visit(s) all pay all such chargon and/or treatment ttance for hospitalizervice," without a part of pet restraint at a gency and further returned checks.	ges at the time of my animal(s). zed animals. prior scheduled PHVC and could er services will	
Signature of Owner or Respons	sible Party		Date		
Printed Name of Owner or Res	ponsible Party			<u> </u>	

Media Release

Pumpkin Hill Veterinary Clinic is granted permission to use and/or publish my or my pet's photograph or image (including audio, film, digital image, or other media) for educational purposes on their respective websites or for the promotion of their supported products. I understand that I and my pets are not being compensated in any way for the use of our images and that I/we do not have approval over the final product in which it appears. I hereby release Pumpkin Hill Veterinary Clinic and all persons acting under their permission or authority from any and all claims of liability arising out of the use of our images. This release shall bind our heirs, guardians, assigns, and legal representatives.

Signature of Owner or Responsible Party:	Date:
Printed Name of Owner or Responsible Party:	_
If you decline, please Sign Here:	_
PetDesk® Release Statement	
Subscriber uses PetDesk® to manage client communications, vaccination ren	ninders, appointment
confirmations health alerts, product recalls, clinic alerts and product recommendation	ons. You agree that we may
share your name, pet's name, email address, address, and phone number with only	PetDesk to facilitate this
process. To learn more about PetDesk or their privacy policies please visit www.PetL	Desk.com or download their
iOS or Android mobile applications.	
Signature of Owner or Responsible Party:	Date:
Printed Name of Owner or Responsible Party:	
If you decline, please Sign Here:	