



NOTE: INFORMATION REGARDING YOUR PETS CAN ONLY BE RELEASED TO INDIVIDUALS LISTED AS OWNERS ON FILE. PLEASE ADVISE OUR RECEPTION IF YOU WOULD LIKE TO ADD ADDITIONAL NAMES.

	Primary Owner	Co-Owner
Full Name:	_____	_____
Phone #1:	_____ <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> C	_____ <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> C
Phone #2:	_____ <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> C	_____ <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> C
Email:	_____	_____
Address:	_____	City: _____ Province: _____
Postal Code:	_____	Preferred Contact Method: <input type="checkbox"/> @ <input type="checkbox"/> ✉ <input type="checkbox"/> 📞 <input type="checkbox"/> 💬

Yes No I agree to allow Healthy Paws Forward Veterinary Hospital (HPF) to contact me via email regarding my pet, including but not limited to appointment reminders, diagnostic test results & information that may affect the health & wellbeing of my pet, such as our newsletter, drug & pet food recalls. I may withdraw my consent at any time by contacting HPF in writing.

In accordance with the Privacy Act, I understand my rights for privacy & that personal information will not be released without my consent. I consent & authorize the disclosure of necessary personal & medical information required for the ongoing veterinary care of my pet, when communicating with other veterinarians, specialists & other relevant third parties.

	Pet 1	Pet 2
Name:	_____	_____
Species:	_____	_____
Breed:	_____	_____
Age or Birthdate (yy/mm/dd):	_____	_____
Color:	_____	_____
Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Spayed Female <input type="checkbox"/> Male <input type="checkbox"/> Neutered Male	<input type="checkbox"/> Female <input type="checkbox"/> Spayed Female <input type="checkbox"/> Male <input type="checkbox"/> Neutered Male
Tattoo:	_____	_____
Microchip:	_____	_____
Date last seen by a veterinarian:	_____	_____
Date of last vaccines:	_____	_____
Pet Insurance Company:	_____	_____

Do you currently have a veterinarian? Yes No If yes, name of clinic: _____

How did you hear about our hospital? My Vet Internet Facebook Walk-In Sporting Event Mailer Trade Show Rescue Organization _____ Friend - Name: _____ Other _____

I understand full payment is due at the time services are rendered. If I am unable to pay in full, I must notify HPF staff prior to treatment. If my pet stays for the day, I will receive an itemized treatment plan. I understand I must leave a deposit of the high end of the listed amount. Accepted payment forms are cash, credit card (MasterCard and Visa) and debit card.

I certify that the all information provided is correct and that I am 18 years of age or older. I have read & understand the above payment information & agree to the payment terms.

Signature:	Owner _____	Healthy Paws Forward Veterinary Hospital _____
Date:	_____	Continued on reverse side ➔



Photo/Video Release Form

Healthy Paws Forward Veterinary Hospital enjoys sharing our patients' photos and stories within our hospital & online. We would love your permission to share your pet's image & story. Sharing stories is a fun way to assist us in educating other pet owners about pet health.

Please note: Photos and/or video recordings may be required to document your pet's medical condition, and therefore may be used as an important aspect of your pet's legal medical record. This release refers to **public use** of photos/video recordings only.

Help us by reviewing the statements below:

I grant Healthy Paws Forward Veterinary Hospital, its representatives, contractors, and employees the right to take photos/video recordings (the "Images") of my pet, and to reproduce, use, or publish Images of my pet and my pet's story in print and/or electronically including, but not limited to social media, publicity, advertising, online content, and for client education purposes.

- I AGREE. Healthy Paws Forward Veterinary Hospital has permission to use Images of my pet (surname always excluded) and to share my pet's story.
- I DISAGREE. Please do not share my pet's Images or their story.

I understand that Healthy Paws Forward Veterinary Hospital is not responsible for any expense or liability incurred as a result of my pet(s) participation in any photos and/or video recordings. I also understand that I will not be compensated for allowing Healthy Paws Forward Veterinary Hospital to produce and use the Images of my pet and their story, and that Healthy Paws Forward Veterinary Hospital is the owner and shall retain all rights to the Images.

I may withdraw my consent at any time by contacting Healthy Paws Forward Veterinary Hospital in writing (including email).

Client Signature: _____

Date: _____

If you would like to be tagged in your pet's social media post, please provide your social media handles below. These handles will not be used for any other purpose.

Facebook: _____

Twitter: _____

Instagram: _____