



Client Information and Consent Form

Name of Owner: _____ Occupation: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone Numbers: _____

Email Address: _____

Co-Owner: _____ Occupation: _____ Phone: _____

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

Please list each pet

Name	Species	Breed	DOB	Color
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Videos and pictures are routinely taken during treatments and evaluations in order to assess the patients 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 practices website.
- I authorize the use of my pet's videos and or pictures on the practices Facebook page.
- Please do not use my pets videos and or pictures for anything other than to supplement the medical record.

_____ Date: _____

Signature of Owner

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