

Loving Touch Animal Center
Specializing in Natural Medicine for Your Pet

OWNER INFORMATION

Name: _____

Spouse/Other: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Primary Phone: _____ home work mobile

Secondary Phone: _____ home work mobile

Email address (please print): _____

Would you like to be added to our email list? *(We use this list to communicate with our clients about office news, events, and closures, as well as to send occasional coupons. You can unsubscribe at any time.)*

Yes No

ANIMAL INFORMATION

Pet's Name: _____ Dog Cat

Check one: Male Female Spayed/neutered? Yes No

Age/DOB: _____ approximate

Breed: _____ Color: _____

Previous veterinarian/clinic: _____

Phone: _____ Referred by: _____

Do we have permission to use photos and/or video footage of your pet:

- On our website? Yes No
- On our social media accounts? Yes No
- For the purpose of educating other veterinarians? Yes No

Signature: _____ Date: _____

Financial Responsibility Statement

I am the owner of the above pet, or am acting as agent for the owner. I accept full financial responsibility for all services performed, prescriptions dispensed, and products purchased at Loving Touch Animal Center.

Signature: _____ **Date:** _____

Cancellation/Rescheduling Policy for SURGERY

If you are unable to keep a scheduled appointment for a surgical procedure, please give **48 hours advance notice** to avoid being charged a \$50 fee.

Cancellation/Rescheduling Policy for OFFICE VISITS

If you are unable to keep a scheduled office visit appointment, please give **24 hours advance notice** to avoid being charged a \$50.00 fee.

I have read and understand these policies.

Signature: _____ **Date:** _____