



WOMEN'S HUMANE SOCIETY
 AMERICA'S FIRST ANIMAL SHELTER • FOUNDED 1869

The Caroline Earle White Veterinary Hospital

**Client Information Update
 Photo/Video Release Form**

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share some important information we will need as we support your pet's needs today and in the future.

PLEASE PRINT IN ALL SPACES – Must be at least 18 years of age to complete this form.

OWNER/GUARDIAN'S

NAME: _____ SPOUSE/OTHER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PRIMARY PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

PET NAME _____ PET BREED _____

AGE _____ COLOR _____ SPAYED/NEUTERED _____

HOW DID YOU HEAR ABOUT US: WHS Adoptions Internet/Social Media - which site? _____
 Newspaper Ad Yellow Pages Book Sign Out Front
 Recommendation - Who can we thank? _____ Other, Please Specify _____

We respect your privacy and will not sell, rent or trade any of your personally identifiable information. Any use of the above will be for communication purposes only.

I hereby grant The Caroline Earle White Veterinary Hospital at The Women's Humane Society permission to use my pet(s) photograph / video on their website, social media, promotional materials, and in their office without compensation. Materials will become the property of The Women's Humane Society. **Please Initial Yes _____ No _____**

I certify that I am the legal owner of my pet(s). I hereby authorize the veterinarians at The Caroline Earle White Veterinary Hospital at The Women's Humane Society to examine, prescribe for, and treat my pet(s). I agree to pay for all services rendered, medication, goods, and supplies at the time of service. I understand that a deposit may be required for surgical or medical treatment. We accept cash, check, money orders, Visa, MasterCard, Discover, American Express, and debit cards. **ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

By my signature below, I hereby acknowledge that I am 18 years of age or older, I agree to all of the above and acknowledge the receipt of a copy of this agreement (upon request).

Signature of Owner or Agent: _____ Date: _____

Office use only: Reviewed by: _____

Please like and follow us on Facebook for updates and news!