



1557 East Main Street
Brownsburg, Indiana 46112
Phone (317) 852-3323
Fax (317) 852-3360

www.brownsburganimalclinic.com

Updates and Authorizations

Thank you for giving us the opportunity to care for your pet. To help us keep our records current, to confirm your responsibility for payment and to authorize us to release your pet's medical records when you ask us to, please complete the following:

Your name _____

Address _____

City _____ State _____ ZIP _____

Your home phone (_____) _____ Mobile phone (_____) _____

Your primary email address _____

Your work phone (_____) _____

Your spouse's name _____

Spouse's work phone (_____) _____ Mobile phone (_____) _____

Your spouse's primary email address _____

Alternate contact person _____

His/her daytime phone (_____) _____

Mobile phone (_____) _____

Pet Profile

Dog Cat

Pet's Name _____

Breed _____

Color _____

Sex _____ Birthdate _____

Has the pet been neutered? Yes No

Does this pet have previous medical records? Yes No

Previous clinic name: _____

Is this pet covered by pet health insurance? Yes No

Rabies Vaccine Requirement

Any pet brought into the clinic due or overdue for a rabies vaccine and healthy enough to be vaccinated, will be vaccinated during your visit to the clinic. You will receive a certificate and tag, in compliance with Indiana state law.

Appointments and Payments

Except in cases of medical emergency, we see patients by appointment only. Our fees are due and payable when you pick up your pet. We accept cash, checks and major credit cards. Your signature below confirms that you assume full responsibility for payment for all services provided for your pet or pets by Brownsburg Animal Clinic.

Signature _____

Date _____

Medical Records Release

On July 1, 2011, a law protecting confidentiality of your pet's medical records and medical condition was established in our state. According to Indiana Code 25-38.1-4-5.5D your pet's records cannot be released without your written consent. Before we can share your pet's medical records with other veterinarians, boarding and day care facilities, groomers and training clubs and facilities, we need your dated signature below. For your convenience, we recommend that you sign and return this form for our files so we may immediately share our records any time you ask us to. We will not share your pet's medical records without this signed, dated form on file.

I agree to grant Brownsburg Animal Clinic permission to release my pet's medical records and/or vaccination status upon request.

Signature _____

Date _____

How You First Heard About Brownsburg Animal Clinic

- Recommendation from a friend or family member
- Our web site at brownsburganimalclinic.com
- Our Facebook page
- Online directory listing veterinarians
- Angie's List
- Phone book
- Drove by the clinic and saw our sign
- Other _____