



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:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Primary phone (\_\_\_\_) \_\_\_\_\_

Secondary phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Spouse's name \_\_\_\_\_

Spouse's phone (\_\_\_\_) \_\_\_\_\_

Alternate contact \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

## Pet Profile

Dog

Cat

Name \_\_\_\_\_

Breed \_\_\_\_\_

Color \_\_\_\_\_

Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Has this pet been neutered?      Yes                  No

Does this pet have previous medical records?      Yes                  No

Previous clinic name \_\_\_\_\_

## Payment for Services

My signature below confirms that I assume full responsibility for payment for all services provided for my pet/pets by Brownsburg Animal Clinic.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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, major credit cards and Care Credit

## 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, date 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
- Our Facebook page
- Online directory listing veterinarians
- Drove by the clinic and saw our sign
- Other \_\_\_\_\_