



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	_____	

## 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 as required by state law. You will receive a certificate and tag, in compliance with Indiana state law.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Payment for Services

My signature below confirms that I assume full responsibility for payment of all services provided for my pet(s) by Brownsburg Animal Clinic. **Payment is due at the time of service.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

*We see patients by **appointment only**. Our fees are due and payable at the time of service. 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, 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 \_\_\_\_\_