



CLIENT INFORMATION AND AUTHORIZATIONS

Name: _____

Phone: (_____) _____ Ok to text?

Email: _____

Address: _____

City: _____

State: _____ Zip: _____

Spouse: _____

Phone: (_____) _____ Ok to text?

Email: _____

Alternate Contact: _____

Phone: (_____) _____ Ok to text?

Email: _____

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 facilities, day care facilities, groomers, training clubs, we need your dated signature below. We will not share your pet's medical records without this signed, dated form on file.

By signing below, you agree to grant Brownsburg Animal Clinic permission to release your pet's medical records and/or vaccination status upon request.

Rabies Vaccine Requirement

The rabies vaccine is required by state law. All pets brought to the clinic **MUST** have a current, up to date, rabies vaccination. If the vaccine was not administered at our clinic, proof of vaccination is required.

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.

Payment For Services

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

Picture and Video Consent

We would love to share your pet's picture(s) with the world! By providing us with permission, we can tell your pet's story through different channels including, but not limited to, our social media accounts, website, and other promotional materials.

YES, I hereby grant Brownsburg Animal Clinic, its employees and independent contractors in the clinic's employ, permission to take photographs and/or video recordings of me and/or my pet(s). I authorize the clinic to edit and publish those photographs and videos for any lawful purpose including, but not limited to, the clinic's website, social media accounts, promotional materials (digital or print), in perpetuity. I further grant Brownsburg Animal Clinic permission to publish my name and/or my pet's name(s) and to disclose information about my pet/pet's health and the purpose(s) and outcome(s) of my pet's visit(s) to the clinic.

NO, I decline to grant the above-described consent to Brownsburg Animal Clinic.

By signing below you acknowledge the following: the Rabies vaccine is required by Indiana state law, payment is due at the time of service, your signature is required for us to release your pet's medical and/or vaccination records, and you have approved or declined to have us share your pet's picture(s) or video(s).

Signature _____ Date _____