



**New Client Welcome Form**

Name (primary contact): \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_

Primary Phone number: \_\_\_\_\_ Home Cell Work

Additional Phone Numbers:  
 \_\_\_\_\_ Home Cell Work \_\_\_\_\_ Home Cell Work

Preferred communication method: Call Text Email

Additional Contacts:  
*The following people will have access to your pet's medical information*

NAME	PHONE NUMBER

How did you hear about us?

**MEDIA WAIVER**

Occasionally, my or my pet's likeness may be captured in picture or video form. I hereby authorize Prairie Hills Animal Hospital to use, broadcast, and/or reproduce my and my pet's likeness in video, print, or other media, including social media. I understand I will not be compensated for any such use. Please initial.

\_\_\_\_ACCEPT

\_\_\_\_DECLINE

I hereby authorize the veterinarians of Prairie Hills Animal Hospital to examine, treat, and prescribe for the pet(s) described on the following page. I assume responsibility for all charges incurred in the care of the pet. I also understand that all professional fees are due at the time service is rendered.

\_\_\_\_\_  
 Signature of client responsible for pet(s) \_\_\_\_\_  
 Date