EASTSIDE ANIMAL MEDICAL INFORMATION FORM

Owner's Name: _____ **Owner Cell Phone #:** _____

Spouse/Other: _____ **Spouse Phone #:** _____

Street Address: _____ **City:** _____ **State:** _____

Zip: _____ **Email:** _____

***Are you an EDUCATOR or EMERGENCY SERVICE? (Circle one and must provide proof)*

***How did you hear about us*? _____**

Emergency Contact (Someone not in household):

Name _____

Phone Number _____

Relationship _____

Pet Information

Pet's Name: _____ **DOB:** _____ **Age:** _____ ***Spayed / Neutered***

Breed: _____ **Color:** _____ ***Male / Female***

Photo Release

I grant permission to Eastside Animal Medical Center, its representatives, and Employees to take photographs of me and/or my pet, and to copyright, use, and publish the same in print and/or electronically. I agree that Eastside Animal Medical Center may use such photographs of me and/or my pet with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and web content.

☐ The above may take photographs of me and/or my pet

☐ The above may NOT take photographs of me and/or my pet

Owner's Signature _____ ***Date*** _____