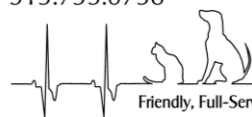


4400 Hartman Lane
Batavia, OH 45103

513.735.0738



Hillside

Small Animal Hospital

Friendly, Full-Service Veterinary Care For Your Dog or Cat

Client Information

Date: _____

Welcome to Hillside Small Animal Hospital. Thank you for giving us the opportunity to care for your pet(s). Please help us meet your needs better by taking a moment to complete BOTH sides of this information sheet. THANK YOU!

Owner's First Name: _____ Last Name: _____

Address: _____ Apt/Suite _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____ @ _____

Cell #: (_____) _____ Home #: (_____) _____

Employer: _____ Work #: (_____) _____

Other Responsible Party: _____ Cell #: (_____) _____ Relationship _____

How did you hear about our hospital? Recommended by _____

Yellow Pages Hospital Sign Internet Other _____

Referred by another veterinarian or hospital: _____

We will gladly provide you with a written estimate at your request. If desired please ask Dr. Fouts. Extended boarding or hospitalization may require a deposit of 50% of estimated total, with the balance due upon release of your pet.

All Fees are Due at the Time Services are Rendered

There is a \$20 penalty for all returned checks. You are liable for all legal and collections fees.

If you wish to use a personal check as your method of payment, please provide the following:

Driver's License: State _____ Number _____ Expiration Date _____

Photo Release

We may take a digital photograph (or photographs) of your pet for our records. You, as the pet's owner may appear in these photos as well. Occasionally, we like to use these photographs on our website or on social media sites (such as Facebook) on the internet. No personal information other than names is ever revealed in these photos. Please indicate your preferences below:

I hereby grant Hillside Small Animal Hospital, LLC the irrevocable and unrestricted right to use and publish photographs or other images of me/my pet, or in which I/my pet may be included, in any print, electronic, digital or other media; and to alter the same without restriction. I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these images. I irrevocably assign such images' rights and uses to Hillside Small Animal Hospital, LLC into perpetuity. I hereby release Hillside Small Animal Hospital, LLC and its legal representatives and assigns from all claims and liabilities relating to said images.

I do *not* grant my permission for use of any photos of me or my pet, other than for internal records.

Records Release

As the legal owner/agent of above listed animal, I authorize Hillside Small Animal Hospital to release medical treatment records from this date forward, as requested by myself, to the person/business/entity (e.g. boarding kennel, groomer, or other veterinarian) of my choosing for the purpose of verifying veterinary medical care:

Person, Business or Veterinary Practice to Receive Medical Records

Signature of Owner _____ Date _____