

MONROE COUNTY HUMANE ASSOCIATION NONPROFIT VETERINARY CLINIC & OUTREACH CENTER

NEW CLIENT REGISTRATION FORM

Please, one form per pet.

Today's Date _____ Appointment @ _____ or Walk-in @ _____

Guardian/Owner Name _____

Address _____

City _____ State _____ Zip _____

I participate in assistance or benefit programs or meet income qualifications for subsidized services

Yes No I don't know

Phone _____ Email address _____

How did you hear about this clinic? _____

Pet Name _____ Age _____ DOG CAT

Breed(s) _____ MALE FEMALE

Spayed/Neutered/Fixed? YES / NO *If No, Are you interested in an assistance voucher?* YES / NO

Color(s) _____ How long have you had this pet? _____

Is it possible that your pet may be pregnant? YES NO

Where does your pet stay? INSIDE OUTSIDE BOTH

Has your pet seen a Veterinarian before? YES / NO *If yes, Where?* _____

Weight: _____ Date of last vaccines: _____

Has your pet ever had a reaction to vaccines, injections, or medications? YES / NO / UNKNOWN

What does your pet need today? Circle one: Sick/Injured or Wellness/Vaccinations

_____ I hereby release Monroe County Humane Association, the veterinarians, veterinary assistants, and all of its officers, directors, employees, and members of its staff and volunteers from any and all claims arising out of, or connected with, giving vaccinations, injections, clinic services, or care. Pets must be in good health to receive vaccinations. There are a small percentage of pets that will have an allergic reaction to vaccinations. Please advise the veterinarian if your pet has had a previous allergic reaction to vaccines. I hereby authorize the veterinarians at MCHA and their assistants to examine and/or perform procedures they deem necessary for my animals. These procedures include, but are not limited to, transport as necessary, the administration and maintenance of anesthesia, and the performance of surgery or any treatment deemed necessary by the attending veterinarian. I acknowledge and understand that there are risks involved in handling animals and in their medical treatment. I further acknowledge that there is no guarantee as to the result of any treatment made by MCHA. I agree to hold MCHA, and all associates, harmless in the event of unforeseen incidents while my animal is under the care of MCHA. I understand and agree that MCHA does not accept or assume liability for accident, escape, injury or death of my animal at any time. I understand that the Monroe County Humane Association may use my pet's likeness, story, or photos/videos for educational and promotional purposes.

- ☐ I am the legal owner of the animals I present for diagnosis and treatment. I am over the age of 18 years.
- ☐ OR I am the legal representative of the legal owner of the animals I present for diagnosis and treatment. I am over the age of 18 years.
- ☐ I am prepared to pay \$ _____ today towards the care and medication for my pet and understand payment is required at the time of service.

Client / Owner Signature _____

Date _____