

**Client Agreement Form**

CLIENT ID \_\_\_\_\_

*Welcome to Clear Lake City Veterinary Clinic!*

*We are looking forward to developing a long-lasting relationship with you and your family.*

**PET'S INFORMATION:**

Species (Dog/ Cat/ Exotic)	Name	Gender	Neutered/Spayed	Age/Birthday	Breed	Color
		Male/Female	Yes/No			
		Male/Female	Yes/No			
		Male/Female	Yes/No			
		Male/Female	Yes/No			

This agreement applies to all visits by your pet(s) to Clear Lake City Veterinary Clinic. To ensure the safety and well-being of all pets and associates, we ask you to carefully review the following agreement and indicate your acceptance of these terms by signing below.

- 1. Authorization of Services.** I hereby authorize the veterinarian to examine, prescribe for, and/or treat my pet(s). I assume responsibility for all charges incurred in the care for and treatment of my pet. Clear Lake City Veterinary Clinic will exercise reasonable judgement as we provide such services. I understand that any person not listed as an Authorized Agent on this form will not be permitted to schedule, cancel, reschedule appointments, add or remove patients, purchase prescription medications, make alterations to the account, or obtain medical records for any pet. Any changes to Authorized Agents must be done in writing, which will serve as an amendment to my pet's medical record.
- 2. Payment for Services.** I understand that all charges will be paid on the date the services are performed. No payment plans or invoice/billing statements are offered by Clear Lake City Veterinary Clinic. A deposit may be required for surgical or multiple pet appointments. Checks are not an accepted method of payment. Approved tenders include: cash, debit/credit cards, and Care Credit.
- 3. Pet Restraint.** For the safety of my pet and others within the facility, I agree to transport my pet in either a carrier or on a leash and collar/harness that is sized appropriately for my pet.
- 4. Abandonment and Long-Term Policy:** Clear Lake City Veterinary Clinic allows a maximum stay of 21 days. Long-term stays must be pre-paid at time of drop-off. I understand that my pet(s) will be considered abandoned if not claimed within ten (10) days of my scheduled departure date. I understand that upon abandonment and without further notice to me, Clear Lake City Veterinary Clinic will be the legal owner of the pet(s) and I understand that Clear Lake City Veterinary Clinic will have the right to dispose of the pet(s) in any manner they deem appropriate. I further understand that if my pet(s) are abandoned by me that I am still responsible for all fees incurred by Clear Lake City Veterinary Clinic. I understand and agree that if any pet(s) are abandoned by me I will be unable to retrieve possession and I expressly waive any claims against Clear Lake City Veterinary Clinic for disposal of my pet(s) pursuant to this Policy.
- 5. Pet Health and Behavior.** Clear Lake City Veterinary Clinic reserves the right to refuse service to any patient for any reason, including without limit, apparent contagious condition, significant injury, and/or behavioral problem (aggressive or biting), or behaving in a manner that could jeopardize the health or safety of other pets, clients, or the associates. At no time will I be permitted to restrain my pet while services are being performed. I acknowledge that Clear Lake City Veterinary Clinic may contact appropriate authorities if my pet bites another pet or any person. If my pet has been treated for a contagious illness, he/ she will not be accepted for wellness services or surgery until treatment has been completed.
- 6. Photos.** I acknowledge photos can be beneficial tools in medical diagnosis, disease progression, patient identity, and promotion. Clear Lake City Veterinary Clinic may take photos of my pet while receiving services. I hereby grant the perpetual, royalty-free right and license to publish, distribute, adapt, modify, or otherwise use the photo, or any portion thereof, in any manner for any commercial or non-commercial purpose without notice, review, or approval. I can choose to revoke this privilege in writing, which will serve as an amendment to my pet's medical record.
- 7. Professionalism.** Clear Lake City Veterinary Clinic reserves the right to refuse service to any client or person for any reason, including without limit, demonstrated disruptive, belligerent, aggressive, or erratic behaviors. I understand an associate will immediately and permanently dismiss any person who refuses to follow clinic policies and the patient records will be mailed at the termination of the professional relationship. This agreement is reciprocal and Clear Lake City Veterinary Clinic associates are

instructed to conduct themselves with dignity at all times. Concerns should be reported to management as soon as it is appropriate to do so.

**8. Sole Ownership.** I represent that I am the owner(s) of the pet(s) and fully authorized to enter into this Agreement. All of the information about me and my pet in this Agreement is true, accurate and complete. In a custody dispute Clear Lake City Veterinary Clinic will require proof of ownership, a written property settlement agreement or court decree. I agree to indemnify and hold Clear Lake City Veterinary Clinic harmless, from and against all loss, damage or expense, including attorneys' fees, resulting from misrepresentations by me or my representatives or resulting from my pet's visit including, without limitation, any person claiming to be the owner of my pet and any person claiming damage or injury by my pet.

**9. Release of Medical Records. (SELECT ONE OPTION AND INITIAL)**

- a.  I allow all medical records to be released to any Veterinary, Boarding, and/or Grooming facility. This may include examination notes, vaccines and medications administered, and/or diagnostic reports.
- b.  I allow Vaccine History to be released to any Veterinary, Boarding, and/or Grooming facility.
- c.  I request that I am contacted prior to the release of any records to any Veterinary, Boarding, and/or Grooming facility.

X

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**Signature**

**Printed Name:**

**Today's Date:**

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**Address:**

**City:**

**State:**

**Zip Code:**

**Number :**

(Cell/ Home)

**Alternate:**  
Home)

(Cell/

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**Email:**

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**Secondary Person:**

**Secondaries Relationship:**

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**Secondary Person Phone:**

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**Previous Veterinary Clinic:**

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**How did you hear about us?**

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CLINIC USE ONLY: INITIAL OF STAFF MEMBER ENTERING DATA \_\_\_\_\_