CLIENT INFORMATION

6231 East 15th Street – Tulsa, OK 74112

NO CHECKS WILL BE ACCEPTED

15th Street Veterinary Group
(918) 835-2336
reception@15thstvet.com

OWNER INFORMATION

LAST NAME	FIRST NAME	DATE

STREET ADDRESS	ZIP	CELL PHONE

CITY	STATE	HOME PHONE

DRIVER'S LICENSE #	DATE OF BIRTH	EMAIL

EMPLOYER	BUSINESS PHONE

SPOUSE/PARTNER NAME	HOW WOULD YOU PREFER TO RECEIVE YOUR REMINDERS?
	☐ EMAIL ☐ MAIL ☐ TEXT MESSAGE
SPOUSE/PARTNER CELL	

PET INFORMATION

PET NAME	SPECIES (check one)	AGE-YRS	BREED	COLOR	SEX (check one)	SPAYED/NEUTERED
	☐ CANINE ☐ FELINE				☐ MALE ☐ FEMALE	☐ YES ☐ NO
PET NAME	SPECIES (check one)	AGE-YRS	BREED	COLOR	SEX (check one)	SPAYED/NEUTERED
	☐ CANINE ☐ FELINE				☐ MALE ☐ FEMALE	☐ YES ☐ NO
PET NAME	SPECIES (check one)	AGE-YRS	BREED	COLOR	SEX (check one)	SPAYED/NEUTERED
	☐ CANINE ☐ FELINE				☐ MALE ☐ FEMALE	☐ YES ☐ NO

EMERGENCY CONTACT – *other than self*

NAME	PHONE

ADDRESS	RELATIONSHIP

ACKNOWLEDGEMENTS

I understand that payment is expected in full at the time of service. In the event I am unable to make my agreed upon payment, I understand that a debt collector will be contacted to recover the funds and a service fee will be charged to my account. A deposit may be required before diagnostics, treatments and/or hospitalization are performed.
Checks will not be accepted.

_____ _____

AUTHORIZED SIGNATURE ***DATE***

SOCIAL MEDIA/WEBSITE/ADVERTISEMENT AGREEMENT

I hereby grant 15th Street Veterinary Group permission to take photographs of my pet, and to publish those photographs for any lawful purpose, including, but not limited to, their website, social media accounts, and promotional materials, either digital or in print, in perpetuity. I also grant permission to use my pet's name.
By signing and dating this document I authorize 15th Street Veterinary Group to edit, alter, and share the photograph(s) mentioned above. I also waive any rights of privacy or compensation associated with the use of my or my pet's image(s) and name(s) for the personal or commercial purposes outlined above.

☐ Yes, I grant permission.
☐ No, I do not grant permission.

_____ _____

AUTHORIZED SIGNATURE ***DATE***