



Client Contact Information

Entered in Computer

_____ **Client Number**

_____ **Last Name** _____ **First Name**

Spouse's First & Last Name: _____

Address (Physical): _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

**By providing your email you will be receiving vaccine reminders, Newsletters and Special Promotions*

Your Cell Phone # _____ Spouse's Cell Phone # _____

Home phone # _____

Employer - Self: _____ Work Phone #: _____

Spouse: _____ Work Phone #: _____

How did you first hear about Crossroads? (Please choose only one)

___ **Drive By** ___ **Crossroads Website** ___ **Postcard** ___ **Phone Book** ___ **Friend:** _____

___ **Google** ___ **Yelp** ___ **Other Internet Source:** _____ ___ **Shelter/Rescue:** _____

___ **Next Door App - Name of person who recommended us:** _____

We offer client referral incentives so please do your best to provide the full name of friends or Next Door referrals

Please indicate below the form of payment you wish to choose to settle your account today:

- ___ **Cash/Debit Card**
- ___ **Check – Requires proof of ID**
- ___ **Visa, Mastercard, Discover or American Express**
- ___ **CareCredit**

Please Note: In the event the use of our collection company becomes necessary, all applicable fees and taxes will be added to the amount of recovery.

I grant **Crossroads Animal Clinic**, its representatives and employees the right to take photographs of me and/or my pet(s). I authorize **Crossroads Animal Clinic**, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that **Crossroads Animal Clinic** may use such photographs of me and/or my pet(s) with or without my name and for any purpose, including for example such purposes as publicity, illustration, advertising and internet content (i.e. Facebook, Twitter, Snapchat)

I give **Crossroads Animal Clinic** permission to provide medical records of my pets to appropriates sources (i.e.: Pet Insurance, Specialists, boarding facilities, etc.)

Signature: _____ Printed Name: _____

I confirm that all information is correct:

Signature of person responsible for payment: _____ Date: _____