



Dr. Jenna Palmer

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Client Form

YOUR INFORMATION (OWNER):

TODAY'S DATE: _____

Name: _____ Spouse's Name _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____ Cell: _____

Place of Employment: _____

Work Phone: _____ Email Address: _____

Driver's License #: _____ or Social Security #: _____

I hereby give Vienna Veterinary Clinic ("VVC") permission to take photographs and/or videos of me and/or my pet for the purpose of posting on VVC's Facebook, Instagram, Twitter, and clinic website. I hereby release and discharge VVC from any and all claims arising out of use of the photos/videos. In signing this consent, I give authorization to use my name and my pet's name as printed below.

Owner's Signature: _____ Date: _____

PATIENT(S) INFORMATION (PETS):

Animal #1 Name: _____ Breed: _____

Sex: M / F Spay/Neutered: Y / N Birthday/Age: _____ Color/Markings: _____

Animal #2 Name: _____ Breed: _____

Sex: M / F Spay/Neutered: Y / N Birthday/Age: _____ Color/Markings: _____

Animal #3 Name: _____ Breed: _____

Sex: M / F Spay/Neutered: Y / N Birthday/Age: _____ Color/Markings: _____

ALL FEE'S ARE DUE AT THE TIME SERVICES ARE RENDERED ★ 24-HOUR CANCELLATION NOTICE TO AVOID A CANCELLATION FEE