

**Welcome to the Howell Veterinary Care Center!**



Thank you for giving us the opportunity to care for your pet!  
We'll be happy to answer any questions you may have about your pet's health.  
To insure the best care possible, please take the time to complete this form.  
Thank you!



Name of pet \_\_\_\_\_

**Registration (All Fields Required):**

Owner \_\_\_\_\_

Driver's License # \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

List any person(s) authorized to make medical decisions on your behalf  
\_\_\_\_\_

**Authorization:**

I am 18 years of age or older, the owner or agent of the above-described pet(s), and have the authority to execute this consent form. I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical/medical treatment. A finance charge of 2.0% will be added to any account more than 30 days past due. A fee of \$35.00 will be applied to your account for any returned checks. If we are required to submit your account to a collection agency, a \$25.00 fee will be applied.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Method of payment accepted: Cash, Check, Mastercard, Visa, American Express, Discover and Care Credit

**Social Media Release**



Your pet is our Movie Star and we would like to share their picture...  
Please sign below to authorize the release of any photos regarding my pet to HVCC.

Signature \_\_\_\_\_

Decline \_\_\_\_\_

Guardian signature (if under 18 years old) \_\_\_\_\_

**Vaccination Information Disclaimer**

I, the undersigned, understand that receiving vaccinations for my pet comes with potential adverse effects. I am aware that such a risk is present, and am willing to accept it. I understand that any reaction that occurs is a result of my pet's own immune system, and is not the fault of the hospital, veterinarian or technician that administered the vaccination. I also understand that I am responsible for any charges incurred for the treatment of any such reactions.

\_\_\_\_\_

\_\_\_\_\_

Client signature

Date