

Cranston Veterinary Hospital New Client Consent Form

Please print in all spaces

Name: (Last) _____ (First) _____ (Dr/Mr/Mrs/Ms/Miss)

Address: _____ City _____

Postal Code: _____ Email address: _____

Home phone# _____ Cell # _____ Work# _____

Spouse _____ Spouse Cell# _____ Work# _____

Pet Name _____ Feline/Canine (circle) Breed _____ (Male/ Female)

Color _____ Birthdate _____ Spayed / Neutered / Intact

Pet Name _____ Feline/Canine (circle) Breed _____ (Male/ Female)

Color _____ Birthdate _____ Spayed / Neutered / Intact

Personal Information Consent

At Cranston Veterinary Hospital we respect your right to privacy and will not collect, use or disclose any personal information regarding you and your pet without your consent. The information we seek from you is obtained so that we can provide a high quality of veterinary service and ensure that you are fully aware of our actions. We may use the information provided to contact you, including electronic communications, to assist in the health care of your pet and to reunite you with your pet in the event that they become lost.

In all cases, we will only disclose personal information about you and your pet in circumstances where we believe that it will be beneficial to the continued care and good health of your pet, such as a referral to a specialist or emergency veterinary facility.

Please indicate below that you will permit us to disclose personal information in those situations.

_____ (initial) I consent to Cranston Veterinary Hospital collecting, using and disclosing my personal information.

Signature: _____ Date: _____

How did you hear about us? Internet Advertisement Walk by/ Signage

Business Referral, please specify: _____

Friend/ Family Referral, Name of Family/Friend: _____

How would you prefer to be contacted in regards to your pets' health care? Email Phone Text

Should you have any questions regarding our collection, use or disclosure of your personal information, please contact Dr. Martin Baer.