

CLIENT UPDATE

So that we have the most current information:

Owner (s) _____

DOB: _____ D/L: _____ SSN: _____

Spouse: _____

DOB: _____ D/L: _____ SSN: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

If needed, can we call you at work? _____

Preferred method of contact: Phone Call Text E-mail

Place of employment: _____

Address: _____

Spouse's place of employment: _____

Address: _____

Please list all pets you currently have at home:

***Would you be interested in refilling prescriptions and food through our website? Yes or No

I grant to LaGrange Veterinary Clinic, its representatives and employees the right to take photographs of me and/or my pet, and to copyright, use and publish the same in print and/or electronically. I agree that LaGrange Veterinary Clinic may use such photographs of me and/or my pet with or without my name and or any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and web content.

- The above may take photos of me and/or my pet
- The above may **NOT** take photos of me and/or my pet