



Tim Roghair, DVM, Sarah Crawford, DVM, Jane Jasan, DVM, Tanya Schulte, DVM

Name(Primary contact): _____ Spouse/other: _____

Street: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Primary contact cell: _____ Spouse/other cell: _____

e-mail address: _____

Providing an e-mail address will allow you to sign up for **E-Pet Health** which gives you access to your pet's vaccination information through our web site. It will also allow you to receive e-mail reminders for vaccine due dates and upcoming appointments, as well as clinic newsletters and promotions. Your information will not be given out or sold to any other group or company.

How did you hear about our clinic? Word of mouth Newspaper Web Site Yellow Pages

other (please specify): _____

I authorize the Becker Veterinary Clinic to release the following information for my pets if it is requested by a boarding facility, groomer or another veterinary clinic:

- Full medical record (doctors notes including all history, treatments and assessments) which will include my contact information
- None of my pets' information should be released without my specific permission

Owner/responsible agents signature Date

Printed Name

Office use only – information verified by:

Date	Initials	Date	Initials