

**Corpus Christi Animal Clinic**

1010 Ohio Ave.

Corpus Christi, Texas

**Welcome Back!!  
2015**

Today's Date \_\_\_\_\_

Client (Owner) Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone( ) \_\_\_\_\_

E-mail address \_\_\_\_\_

How would you like to be reminded and/or receive updates from us?

E-mail text or Voice ? Please circle your preference. Text # \_\_\_\_\_

**Which Social Media Platforms do you use? (Check any that apply)**

Facebook \_\_\_ Twitter \_\_\_ Pinterest \_\_\_ Instagram \_\_\_ LinkedIn \_\_\_

Snapchat \_\_\_ Vine \_\_\_ Google+ \_\_\_

**Photo Consent:** We love social media! Do we have your permission to share your pet(s)' image and story on social media, our website & other forms of related media? Your name and personal information will NEVER be shared. Simply check below to authorize this:

\_\_\_ Yes, I authorize CCAC to share my pet's photo & story \_\_\_ No. I do not authorize this

**I agree to pay all fees at the time services are rendered.**

**Statement of Authorization/Release of Liability**

**I Authorize Dr. Hughes or his agent to perform, with my verbal consent, any medical or surgical procedure deemed necessary for the treatment of my pet. I understand that certain procedures require sedation or anesthesia and that there are risks inherent therein. I release Dr. Hughes and Corpus Christi Animal Clinic from any liabilities in the treatment of my pet.**

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

**Thank You!!**