

ALWAYS HELPFUL VETERINARY SERVICES

305 Nottingham Road

Nottingham, PA 19362

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www.judithshoemaker.com

NEW Client Information

Today's Date: _________

Is this your first appointment with Dr. Shoemaker? Yes No

If No, when was your last appointment? _________

Referred By: _____

I. Client Information

A. Name: _____ Male Female Date of Birth _________

What you prefer to be called: _____

B. Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

C. Phone Contact Information

1. home: _____

home fax: _____

work: _____

Cell: _____

other phone1: _____

other phone2: _____

other phone3: _____

email address: _____

website address: _____

2. Any phone preferences or prohibitions:

i.e. - best time to call, whom to leave messages with (or not), etc.

3. Name & phone number of person _____

to call in case of emergency: _____

(for you or the animal)

4. Confirmations & reminders sent

by: Phone email text

(SEE OTHER SIDE)

D. Additional Information

1. Occupation: _____

2. Special Interests: _____

3. Are you a patient or client of a chiropractor, acupuncturist, therapist, healer, or helper? Describe.

4. *The following information is optional but may be extremely important in regard to your animal's health.*

List or describe any major issues for you or your animal's multi-species "family" in the following areas.

Health	Emotional
Environmental	Family

5. Any other information you would like us to have:

Cancellation fee will apply if not given 24 hours notice (Lg./ \$100, Sm./ \$25).

ALWAYS HELPFUL VETERINARY SERVICES
Video/Photo/Testimonial Release Form

Applies to:

All clients of Always Helpful Veterinary Services and participants of any Maximum Horse Power event.

My signature below confirms that the conditions of my consent to be video-recorded/photographed have been explained to me, and I understand the following:

I am not required to be video-recorded/photographed.

I can withdraw my consent at any time by submitting a written request to the practice manager.

The recordings are for educational/advertising purposes &/or placed on our website and/or social media Page. My name and image will not be used for any other purpose.

I will receive no compensation for my consent to participate in the recordings.

Others will review the recordings/photos as an educational opportunity to improve client and patient care. Identity of you and your animal are to be kept confidential unless you choose to be identified as part of a testimonial.

_____ **Please initial if you agree to be identified.**

I relinquish any right to the recordings/photos and understand the DVDs/videotapes/photographs may be copied and used by *Always Helpful Veterinary Services &/or Maximum Horse Power*, without further permission.

I hereby release *Always Helpful Veterinary Services &/or Maximum Horse Power*, and any of its associated or affiliated companies, their directors, officers, agents, employees, and customers, and appointed advertising agencies, their directors, officers, agents and employees from all claims of every kind on account of such use.

If participant is under age 18, Name: _____

I, _____, am the parent/legal guardian of the individual named above; I have read this release and approve of its terms.

I agree to raise any concerns or areas of discomfort with the office manager.

The original copy of this consent form will be kept in my records.

Print name: _____ **Date:** _____

Signature: _____ **Pets name:** _____