

## Client Questionnaire

Welcome to our practice! Please assist us by completing this form.

### OWNER INFORMATION

Primary Owner: \_\_\_\_\_  
Secondary Owner: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### HOW DID YOU HEAR ABOUT US? (Check All That Apply)

Our Website  Yellow Pages  Internet Search  Social Media   
Community Event  Advertisement   
Referred by friend:  Name: \_\_\_\_\_  
Referred by Veterinarian:  Name of Hospital/Vet: \_\_\_\_\_

### PET INFORMATION

Pet's name: \_\_\_\_\_  
Species (Circle one): Feline / Canine / Other Breed: \_\_\_\_\_  
Sex (Circle one): Castrated Male Intact Male Spayed Female Intact Female  
Color: \_\_\_\_\_ Markings: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Tattoo/ID Chip # \_\_\_\_\_

### IS YOUR PET EASILY APPROACHED AND HANDLED BY STRANGERS?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If No, please explain: \_\_\_\_\_

### PHOTO RELEASE

I grant Dedham Veterinary Associates and/or Boston Veterinary Specialists permission to take photos of myself and/or my pets and to publish those photos on the hospital's social media pages, website, advertisements, and/or other marketing materials (print or electronic).

I also permit DVA and/or BVS to accompany published photos of me and/or my pets with first names and basic information about my pet's visit to the clinic if applicable.

\_\_\_ I permit DVA/BVS to take photos of me and/or my pet to be used for the above mentioned purposes.

\_\_\_ I do **not** permit DVA/BVS to take photos of me and/or my pet to be used for the above mentioned purposes.

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

Printed Name \_\_\_\_\_

*\*\*This information is correct to the best of my knowledge and I assume full responsibility for the pet listed above.*