



Client Questionnaire

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

OWNER INFORMATION

Primary Owner: _____ Pronoun(s) _____
 Secondary Owner: _____ Pronoun(s) _____
 Cell Phone: _____ Home Phone: _____
 Email 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 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.*