

**EAST LAKE ANIMAL CLINIC
CONTACT VERIFICATION**

<number>

Owner Information

Current

Full Name _____

Address _____

City, State, Zip _____

Phone _____

Email _____

I consent to receive SMS text messages from East Lake Animal Clinic for appointment reminders, marketing messages, and general two-way communication. Msg frequency varies. Msg&data rates may apply. Reply HELP for support. Reply STOP to opt out. Refer to our [Privacy Policy](#) and [Terms and Conditions](#) for more information

Primary phone: _____

Cell phone : _____

Significant Other

Cell phone: _____

Preferred email: _____

2nd email : _____

1. How would you prefer to get reminders?

VIA EMAIL *email address must be provided **VIA TEXT***carrier fees may apply

2. Can we send other notifications via text? *carrier fees may apply* Yes No

ADDITIONAL OPTIONAL INFORMATION SHARING

Authorization to share patient information with other specialty groups and service facilities

I give permission for the doctors and staff of East Lake Animal Clinic to release or inquire about necessary medical information and vaccination status concerning my pet from other animal care professionals such as other veterinary hospitals, animal control, **boarding facilities**, grooming facilities, rescue or shelter organizations or other related animal care professionals. Current vaccination status may also be obtained from us by the health department or landlord.

Signature: _____ Date: _____

Decline = If declined we will not share vaccine information with any outside agencies or personnel without your expressed permission.

Social Media Consent Form

I hereby grant East Lake Animal Clinic permission to take photographs of myself and/or my pet, and to publish those photographs for any lawful purpose, including, but not limited to, their website, social media accounts, and promotional materials, either digital or in print, in perpetuity. I also grant permission to use my pet's name.

By signing and dating this document I authorize East Lake Animal Clinic to edit, alter, share, remix, tweak, build upon or in any way alter the photograph(s) mentioned above. I also waive any rights of privacy or compensation associated with the use of my or my pet's image(s) and name(s) for the personal or commercial purposes outlined above.

Signature: _____ Date: _____

Decline

STAFF USE ONLY -

Entered and noted by: _____

Date: _____

Scanned to EMR by : _____

Date: _____