



Updated Client Information

To ensure the best care possible for your pet, we ask that you please fill out this form so we may update any changes on your medical chart.

Date: _____

Owner: _____

Secondary Owner /Authorized Agent:

Address _____

City _____ Zip _____

Home Phone (_____) _____

Work Phone (_____) _____

Cell Phone (_____) _____

Secondary Cell Phone (_____) _____

Do we have your permission to text information to the above numbers regarding patient information?

Yes No

Would you like to receive information such as laboratory results, reminders and newsletters via e-mail?

Yes No

E-Mail Address

Photo Release

I grant Rosehill Veterinary Hospital, LLC, its representatives, and employees the right to take photographs of me and/or my pet(s), and to copyright, use, and publish the same in print and/or electronically. I agree the Rosehill Veterinary Hospital, LLC may use such photographs of me and/or my pet(s) with or without my name and for any lawful purpose, including, for example, education, illustration, advertising, publicity, and Web content.

- The above may take photos of me and/or my pet(s).
- The above may NOT take photos of me and/or my pet(s).

Thank you for giving us the opportunity to care for your pet.
Thank You!