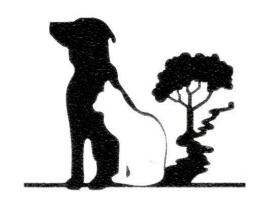
## North Creek Animal Hospital

## **Patient Information**



1. Pet Name:	Species:	Breed:
Sex: Long/Short Hair:	Spayed/Neutered? Y / N	
Date of Birth/Approx. Age:	Color:	
2. Pet Name:	Species:	Breed:
Sex: Long/Short Hair:	Spayed/Neutered? Y / N	
Date of Birth/Approx. Age:	Color:	
3. Pet Name:	Species:	Breed:
Sex: Long/Short Hair:	Spayed/Neutered? Y / N	
Date of Birth/Approx. Age:	Color:	
4. Pet Name:	Species:	Breed:
Sex: Long/Short Hair:	Spayed/Neutered? Y / N	
Date of Birth/Approx. Age:	Color:	
I grant North Creek Animal Hospital full permission to use any and all images of my pets, myself		
and my family, taken at the clinic, for the sole use of advertising and promotion. This includes, but is not limited to, photographic prints, our website, Facebook page, or YouTube video.		
act is not initied to, priotograpine prints, (	ou. Wessite, I deesook pe	.pe, or rourable video.
Signature:	Date:	