

Bellerose Animal Hospital Consent Form

Owner Information (Please Print)

Owner Name: _____

Pet Name: _____

Phone Number: _____

Email Address: _____

Electronic Medical Records Authorization

I authorize Bellerose Animal Hospital to email my pet's medical records, vaccination records, laboratory results, treatment plans, invoices, and related documents.

Appointment Reminders & Hospital Communications

I authorize appointment reminders, vaccine reminders, wellness reminders, and follow-up care notifications.

OTTO Communication Consent

I authorize communication through OTTO for appointment confirmations, reminders, treatment updates, forms, estimates, payment links, and other veterinary-related communications.

Preferred Contact Method:

Email Text Message Phone Call All Methods

Acknowledgment

By signing below, I consent to receiving communications through the methods selected above.

Signature _____ Date _____