

SHAMROCK ANIMAL HEALTH INC

SMS / TEXT MESSAGE COMMUNICATION CONSENT & AUTHORIZATION AGREEMENT

Client Information

Client Full Name: _____

Pet Name(s): _____

Mobile Phone Number: _____

Alternate Mobile Number: _____

Email Address: _____

Express Written Consent

"I consent to receive SMS text messages from Shamrock Animal Health Inc for appointment reminders, marketing messages, and general two-way communication."

Types of Messages

Appointment reminders, medical updates, prescription notifications, billing alerts, operational updates, and marketing/promotional messages.

Message Frequency & Fees

Msg frequency varies. Msg&data; rates may apply.

Opt-Out Instructions

Reply HELP for support. Reply STOP to opt out.

Consent is not a condition of receiving veterinary services.

See our privacy policy for more information.

Privacy Policy: www.shamrockvets.com/privacy-policy

Non-Emergency Notice

Text messaging is not monitored 24/7. Do not use for urgent medical concerns. In case of emergency, call the clinic or seek emergency veterinary care immediately.

Client Acknowledgment

Client Signature:

Printed Name:

Date:
