

Welcome

Thank you for giving us the opportunity to care for your pet. To ensure the best care possible, please take the time to fill in this form completely.

Owner / Client Information

Owner _____ TXDL# _____ DOB _____

Address _____ City _____ Zip _____

Home Phone _____ Cell _____ Work _____ EXT# _____

Spouse _____ Spouse Cell _____

*Email (used for reminders, appt confirmations, clinic offers / events) _____

How did you hear about our clinic? _____

Pet Information

1. Name of Pet _____ Breed _____ DOB _____ Color _____
Male Female Neutered / Spayed

2. Name of Pet _____ Breed _____ DOB _____ Color _____
Male Female Neutered / Spayed

3. Name of Pet _____ Breed _____ DOB _____ Color _____
Male Female Neutered / Spayed

Previous Veterinarian / Veterinary Clinic _____

Pet's current Medications: _____

Pet's Current Diet : _____

May we release your pet's records to (please circle Y / N): Veterinarians Y / N Groomers Y / N Boarding Facilities Y / N

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of my animal(s). I also understand that these charges will be paid for at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner _____ Date _____