



## Denton Veterinary Center

1901 Wind River Lane Suite 100

Denton, Texas 76210

940.380.9393

Welcome to Denton Veterinary Center! Thank you for giving us the opportunity to care for your pets and provide for your pet's health care. So that we may become better acquainted, please complete the following:

### CLIENT INFORMATION

Owner's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_ Employer \_\_\_\_\_

Driver's License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

How did you learn about our hospital?  Sign  Internet  Referral  Google/Yelp  Facebook

Other \_\_\_\_\_ Whom may we thank? \_\_\_\_\_

### PATIENT INFORMATION

Name: \_\_\_\_\_  Canine  Feline  M  F  Spayed/Neutered

Date of Birth: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Previous Veterinarian: \_\_\_\_\_

### AUTHORIZATION

I hereby authorize the doctors (and the assistants the doctor may designate) of Denton Veterinary Center to administer such treatment, diagnostic, anesthetic, and surgical procedure(s) as each of them deem necessary for the patient described above. None of the above will be held liable in any manner for the care, treatment, or safekeeping of said patient. It is thoroughly understood that I assume all risks.

### PAYMENT

\_\_\_\_\_(initials) **Professional fees are to be paid at the time services are rendered.** We no longer accept personal or business checks. We accept cash, debit, Visa, MasterCard, American Express, Discover and CareCredit. Interest charges at 18% per annum will be charged on all overdue accounts. Client is responsible for all interest charges and collection fees.

### VACCINATIONS

I hereby certify that my pet is up to date with the appropriate vaccines required for his/her species and assume all responsibility for any problem that may arise if my pet is not.

### CONSENT

I hereby certify that I have read and fully understand the above information. I assume financial responsibility for all charges incurred to the patient, consent to the release of medical information, and authorize direct payment to Denton Veterinary Center.

Signature \_\_\_\_\_ Date \_\_\_\_\_