



503 E. Sonterra Blvd. Suite 102, San Antonio, Texas 78258  
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[www.bluepearlvet.com](http://www.bluepearlvet.com)

## CLIENT INFORMATION

Owner Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\*Primary Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

We must be able to reach you. Please provide us any number that will allow us to contact you or another responsible party. Thank you!

## PATIENT INFORMATION

Dog  Cat Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Male  Neutered Male  Female  Spayed Female Age: \_\_\_\_\_ Yrs \_\_\_\_\_ Mths

Your Regular Veterinarian: \_\_\_\_\_

Hospital: \_\_\_\_\_

Please list all health problems your pet has had or currently has: \_\_\_\_\_

How do you wish to pay for services? We accept the following:

Cash  Personal Check  Master Card  Visa  Discover  American Express  Care Credit

\*\*\* A consult fee of \$140-160 will be charged at the end of your visit.

Full payment is expected when the patient is released from the hospital. A DEPOSIT EQUAL TO THE LOW END OF THE ESTIMATED CHARGES IS REQUIRED PRIOR TO SURGERY.