

CLIENT INFORMATION

Owner name _____ Spouse's name _____

TX drivers license number _____

Address _____

City _____ State _____ Zip code _____

Employer _____

Home phone _____ Work phone _____

Cell phone _____ Other phone _____

Email address _____

Would you like to opt-in for our e-newsletter? Yes No

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

PATIENT INFORMATION

Dog Cat Name _____ Patient # _____

Breed _____ Color _____

Male Neutered male Female Spayed female Age: Years _____ Months _____

Your regular veterinarian and/or referring veterinarian _____

Hospital _____

How did you hear about us? _____

Reason for visit _____

Please list any other health problems: _____

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

Cash Personal check Master Card Visa Discover American Express CareCredit

A consult fee of \$140 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 OR HOSPITALIZATION.

Client Signature: _____ Date: _____

Release: I am the owner of the above named pet, or am acting as the agent for the owner, and accept full financial responsibility. I give permission to proceed for any medical and/or surgical therapy as discussed and needed and agreed upon with the doctor(s). I give permission to release my pet's medical information to my referring or primary veterinarian(s).