

WELCOME
TO



OWNERS NAME: (FIRST AND LAST) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DRIVER'S LICENSE NUMBER: _____ DOB: _____ STATE: _____

EMAIL ADDRESS: _____

HOME PHONE: (____) _____ CELL PHONE: (____) _____

EMPLOYER: _____ WORK PHONE: (____) _____

EMERGENCY CONTACT: _____ PHONE: (____) _____

HOW DID YOU LEARN ABOUT OUR PRACTICE? CIRCLE ONE: **DRIVE BY** **GOOGLE** **WEBSITE** **INTERNET**

CLIENT REFERRAL _____ OTHER _____

PET INFORMATION

PET'S NAME: _____ DOG CAT OTHER _____

SEX: M F NEUTERED/SPAYED: Yes No AT WHAT AGE?: _____

AGE: _____ BIRTHDATE: _____ BREED: _____ COLOR: _____

DESCRIBE YOUR PET'S DIET: _____ TREATS _____

LIST YOUR PET'S CURRENT MEDICATION(S): _____

PET #2

PET'S NAME: _____ DOG CAT OTHER _____

SEX: M F NEUTERED/SPAYED: Yes No AT WHAT AGE?: _____

AGE: _____ BIRTHDATE: _____ BREED: _____ COLOR: _____

DESCRIBE YOUR PET'S DIET: _____ TREATS _____

LIST YOUR PET'S CURRENT MEDICATION(S): _____

I HEREBY AUTHORIZE SCHERTZ ANIMAL HOSPITAL TO EXAMINE, PRESCRIBE FOR, OR TREAT THE ABOVE DESCRIBED PET(S). I AUTHORIZE THE USE OF THE PET'S PHOTOGRAPH FOR PUBLICITY, ILLUSTRATION, ADVERTISING, AND WEB CONTENT. I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF THE ANIMAL INCLUDING INTEREST OF 1.5% MONTHLY FOR ANY UNPAID BALANCE. I ALSO UNDERSTAND THAT ALL PROFESSIONAL FEES ARE DUE AT THE TIME OF SERVICES RENDERED.

SIGNATURE: _____ DATE: _____