

WELCOME TO



Owners Name: (First and last) _____

Spouse or secondary Owner 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: _____

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: _____

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: _____

I consent to receive calls, emails, and SMS messages from Schertz Animal Hospital.