

Client # _____ Pet # _____



CLIENT INFORMATION

Client Name: _____ Significant Other: _____

Email: _____

Home Address: _____

Street Address

Apt.

City

State

ZIP

Primary Phone: _____ cell / landline Texas DL# _____

Secondary Phone: _____ cell / landline SSN: _____

Employer: _____ Work Phone: _____

Spouse's Employer: _____ Work Phone: _____

Please tell us how you found our clinic:

- Live in the neighborhood
- Yellow Pages
- Internet site
- A Friend referred me
- Veterinary referral
- Pet Store referral

Is there anyone we can thank for referring you to us? _____

Payment is due as services are rendered. Payment is accepted in the form of CASH, VISA or MASTERCARD, or personal check (a valid Texas Driver's license is required). New client / new patient medical concern cases will require a deposit (cash or credit card only) **in advance** of medical treatment. To avoid misunderstandings, we urge you to discuss all fees with the doctor before services are performed.

I have read and agree to the payment policy. I understand that payment in full will be due at the time services are performed, or before my pet leaves the hospital.

Signature: _____ **Date:** _____

PATIENT INFORMATION

Patient Name: _____ Date of Birth or Approximate Age: _____

Species: Canine Feline Avian Other (circle one) Sex: Male Female Unknown

Breed: _____ Color: _____

Is your dog/cat current on vaccinations? **No / Yes** Has your dog/cat been spayed/neutered? **No / Yes**

Is your dog/cat currently on heartworm preventative? **No / Yes**

Who is your pet's previous veterinarian? _____ Phone no: _____

Do you authorize the release of your pet's medical records to Summertree Animal & Bird Clinic? **Yes / No**

Signature