

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**