



We are pleased to welcome you to our practice.  
Please take a few minutes to fill out this form as completely as you can.  
We look forward to working with you and your pet.

## Client Information

(Name) Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Driver License Number \_\_\_\_\_  
Alternate Contact Name \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
E Mail Address \_\_\_\_\_

I *DO NOT WISH* to have the following sent to me via email: (please check all that apply, leave blank to receive email notifications) ☐ monthly newsletter (mn) ☐ lost pet notifications (pn) ☐ promotional offers (po). We respect your privacy and do not sell or provide your email address to any outside company.

How will you be handling your visit? ☐ Cash ☐ Check ☐ Debit ☐ CareCredit ☐ Visa/ Mastercard/ Discover

## Patient Information (Pet)

Previous Veterinarian \_\_\_\_\_ Phone \_\_\_\_\_

Pet's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

Breed \_\_\_\_\_ Breed \_\_\_\_\_ Breed \_\_\_\_\_

Sex ☐ Male ☐ Female Sex ☐ Male ☐ Female Sex ☐ Male ☐ Female

Spay / Neuter? \_\_\_\_\_ Spay / Neuter? \_\_\_\_\_ Spay / Neuter? \_\_\_\_\_

Color \_\_\_\_\_ Color \_\_\_\_\_ Color \_\_\_\_\_

Age \_\_\_\_\_ Age \_\_\_\_\_ Age \_\_\_\_\_

- ☐ I grant permission for my pet's image and name to be used by San Antonio Animal Hospital in their marketing material (e.g. Facebook)  
☐ I do NOT grant permission for my pet's image and name to be used by San Antonio Animal Hospital in their marketing material (e.g. Facebook)

## How Did You Hear About Us? (Circle appropriate option)

If you were referred to us by a friend please let us know so we can thank them.

☐ Friend \_\_\_\_\_ ☐ Sign Internet ☐ Other (please specify) \_\_\_\_\_

I understand and agree that, I am at least 18 years old and I am responsible for the balance on my animal's account for any professional services rendered at the time of service. We will gladly prepare a written estimate of service fees if you desire, please ask. In addition to services I may request from time to time, I specifically authorize you to perform any services reasonably necessary to provide and protect the health and well being of my pet, other pets at the hospital and the staff at the hospital. I authorize San Antonio Animal Hospital to obtain medical records from other veterinarians that have treated my pet(s). I have read and agree that all the information is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_