



Thank you for giving this opportunity to care for your pet. So we may become better acquainted and insure the best care possible, please take the time to fill out this form completely.

Client Information

Primary Owner: _____ Spouse/Co-Owner: _____

Address : _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Best Way to Contact You Cell Phone Email Home Phone (Do you approve texting? Yes / No)

Spouse/Co-Owner Cell Phone: _____ Spouse/Co-Owner Email: _____

How did you hear about our clinic? Referral (please fill in a name) _____

- Website Facebook Yelp Google + Internet
 Drive By / Sign Coupon Other Clinic EC Clinic Yellow Pages

Pet Information

Pet's Name: _____ DOG CAT Breed: _____

Age or DOB: _____ Color: _____ Female Spayed Male Neutered

Previous Clinic/ Doctor: _____ Previous Clinic Phone: _____

Pet's Name: _____ DOG CAT Breed: _____

Age or DOB: _____ Color: _____ Female Spayed Male Neutered

Previous Clinic/ Doctor: _____ Previous Clinic Phone: _____

Pet's Name: _____ DOG CAT Breed: _____

Age or DOB: _____ Color: _____ Female Spayed Male Neutered

Previous Clinic/ Doctor: _____ Previous Clinic Phone: _____

Authorization

I hereby authorize the veterinarian(s) to examine, prescribe for or treat the above described pet. I assume responsibility for all charges incurred in the care of these pets and understand that payment is due at the time that services are rendered. In some cases a deposit may be required in advance for treatment. In the event of a returned check a service fee of \$20.00 will be applied to your account.

Accepted forms of payment:

Cash Check Debit VISA Mastercard AMEX DISCOVER Care Credit Apple Pay / Android Pay

Authorization Signature: _____ Date: _____

At times, Brazos Bend Animal Hospital may wish to take a picture of your pet for Facebook or Website purposes.

Do you consent to allowing your pet(s) photograph to be taken and posted? _____ YES _____ NO
(initials) (initials)