



T E X A S
V E T E R I N A R Y
 H O S P I T A L S



NEW CLIENT INFORMATION

DATE / /

Owners Name: _____ Spouse/Other: _____

Mailing Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Secondary Contact: _____ Phone: _____

Emergency Contact: _____

Previous Veterinarian: _____ Phone: _____

PET INFORMATION

NAME	CAT	DOG	SEX	SPAYED/ NEUTERD	COLOR	BREED	AGE
1.							
2.							
3.							
4.							

How Did You Hear About Us? (please check one)

- Yellow Pages
 Hospital Sign
 Website
 Previous Client
 Google
 Yelp
 Other: _____ Personal Recommendation: _____

AUTHORIZATION/ AUTORIZACION:

Do you authorize Texas Veterinary Hospitals to use any photos of you and/or your pet's taken during your visit with us?
 Yes
 No

I hereby authorize the veterinarian to examine, prescribe for, or treat the above prescribed pet(s). I assume responsibility for ALL charges incurred in the care of this animal. I understand that ALL PROFESSIONAL FEES ARE DUE THE TIME SERVICES ARE RENDURED. I understand that a deposit may be required for surgical treatment and boarding services at the time of drop off.

Texas Veterinary Hospitals will be happy to provide, upon request, a written estimate of fees for any case where in hospital treatment, emergency care, surgery, any type of treatment, or hospitalization that will be provided.

Signature of Owner/Agent: _____ Date: _____