



Thank you for choosing Central Texas Animal Hospital. We take very seriously the trust you have placed in us. Please tell us a little about you and your pet(s):

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

Pet Owner's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ DL#: \_\_\_\_\_

Spouse/Roommate: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ DL#: \_\_\_\_\_

How did you hear about us? (Whom may we thank?) Yellow Pages \_\_\_\_\_ Work/Live in the area \_\_\_\_\_

Welcome Letter/Postcard/Welcome Wagon \_\_\_\_\_ Internet (Directory? Search Engine?) \_\_\_\_\_

Personal Referral \_\_\_\_\_

Would you like information about: **Veterinary Pet Insurance** \_\_\_\_\_ **Care Credit** \_\_\_\_\_

### Patient Information

Name: \_\_\_\_\_ Pet's Birthdate or approx age: \_\_\_\_\_

Species: Dog Cat Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_

Color: \_\_\_\_\_ Microchipped? Yes No Spayed/Neutered? Yes No

Name: \_\_\_\_\_ Pet's Birthdate or approx age: \_\_\_\_\_

Species: Dog Cat Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_

Color: \_\_\_\_\_ Microchipped? Yes No Spayed/Neutered? Yes No

Name: \_\_\_\_\_ Pet's Birthdate or approx age: \_\_\_\_\_

Species: Dog Cat Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_

Color: \_\_\_\_\_ Microchipped? Yes No Spayed/Neutered? Yes No

**I understand that payment is due at the time of visit and that a deposit is required for estimated services of \$100.00 or more. I am these pets' owner or owner's agent and as such am authorized to approve of any diagnostics or treatment for this animal. I am at least 18 years of age. I authorize the release of my pets' medical information to other pet-related services (kennels, trainers, etc) who are acting on my behalf and to individuals in the event that my pet becomes lost.**

*Please sign:* \_\_\_\_\_

How will you be paying for this visit? MC/Visa/Discover \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ Care Credit \_\_\_\_\_