

WELCOME  
TO



OWNER (LAST, FIRST): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

HOW DID YOU LEARN ABOUT OUR PRACTICE? \_\_\_\_\_

NUMBER OF PETS (PLEASE SPECIFY BY TYPE): \_\_\_\_\_

**PET INFORMATION**

PET'S NAME: \_\_\_\_\_  DOG  CAT  OTHER \_\_\_\_\_

SEX:  M  F NEUTERED/SPAYED:  YES  NO AT WHAT AGE? : \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_

DESCRIBE YOUR PET'S DIET: \_\_\_\_\_ TREATS/TABLE FOOD? \_\_\_\_\_

LIST YOUR PET'S CURRENT MEDICATION: \_\_\_\_\_

**PET #2**

PET'S NAME: \_\_\_\_\_  DOG  CAT  OTHER \_\_\_\_\_

SEX:  M  F NEUTERED/SPAYED:  YES  NO AT WHAT AGE? : \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_

DESCRIBE YOUR PET'S DIET: \_\_\_\_\_ TREATS/TABLE FOOD? \_\_\_\_\_

LIST YOUR PET'S CURRENT MEDICATION: \_\_\_\_\_

I HEREBY AUTHORIZE SCHERTZ ANIMAL HOSPITAL TO EXAMINE, PRESCRIBE FOR, OR TREAT THE ABOVE DESCRIBED PET(S). I AUTHORIZE THE USE OF THE PET'S PHOTOGRAPH FOR PUBLICITY, ILLUSTRATION, ADVERTISING, AND WEB CONTENT. I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF THE ANIMAL INCLUDING INTEREST OF 1.8% MONTHLY FOR ANY UNPAID BALANCE. I ALSO UNDERSTAND THAT ALL PROFESSIONAL FEES ARE DUE AT THE TIME OF SERVICES RENDERED.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_