



P.O. Box 777
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Frankston, TX 75763
Ph: 903-876-4848 ~ Fax: 903-876-4883

We are pleased to welcome you to our practice.
Please take a few minutes to fill out this form as completely as you can.
If you have any questions, we'll be glad to help you.
We look forward to working with you in maintaining your pet's health.

CLIENT INFORMATION

Name: Drivers License #:

Address: City, State, Zip Code:

Home Phone Number: Cell Phone Number: Email:

Employer: Occupation:

Business Address: Business Phone: Business Email:

Spouse/Co-Owner: Home Phone: Cell Phone:

Email: Business Email: Business Phone:

How did you hear about our practice?

Notify in case of an Emergency?

Home Phone: Cell Phone: Business Phone: Email:

PET INFORMATION

Pet's Name: Dog: Cat: Other (Describe):

Age/Birthdate: Breed: Color: Male: Female: Neutered/Spayed: Yes No At what age:

Where did you obtain this pet: Friend Breeder Pet Shop: Humane Society: Other:

At what age did you obtain your pet: What purpose did you obtain your pet: Companionship Protection Breeding Show Other:

Diet (Kind of Pet Food you feed):

List vaccines your pet has received (Rabies, Distemper, Feline Leukemia, etc):

Pet's History:
Prior Illness: Prior Surgery:

Reason for your pet's visit with us:

We will gladly prepare a written estimate of service fees if you desire (please ask our doctors or receptionist). All professional fees are due at the time services are rendered. In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept major credit cards or can establish a payment arrangement if approved in advance of treatment. There will be a service charge for any check returned unpaid.

To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free from internal and external parasites. Your signature below authorizes this level of preventive care and the appropriate charges will be assessed in the discharge invoice.

By typing your name in the box constitutes a valid electronic signature and with the submission of this form shall act as your legal signature.

Signature: Date: