



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):

Pet Owner's Name: _____ Home Phone: _____

Address: _____ Apt/Unit # _____

City: _____ Zip: _____ Email: _____

Cell: _____ Work: _____ DL#: _____

Co-owner: _____ Spouse _____ Other _____

Cell: _____ Work: _____ DL#: _____

How did you hear about us? (**Whom may we thank?**) Yellow Pages (book) _____ Yellow Pages (online) _____
 Sign _____ Angie's List _____ Online Search (if so, which Search Engine?) _____
 Animal shelter/Rescue (which one?) _____ Event _____
 Personal Referral _____ Other _____

Please let us know if you would like information about Veterinary Pet Insurance Or Care Credit.

Patient Information

Name: _____ Pet's Birthdate or approx age: _____

Species: Dog Cat Breed: _____ Sex: _____

Color: _____ Microchipped? Yes No Spayed/Neutered? Yes No

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Species: Dog Cat Breed: _____ Sex: _____

Color: _____ Microchipped? Yes No Spayed/Neutered? Yes No

I understand that payment is due at the time of visit and that a deposit may be 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 info 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: _____ **Date** _____

How will you be paying for today's visit? MC/Visa/Disc _____ Check _____ Cash _____ Care Credit _____