



Welcome to Lone Star Animal Hospital

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form completely. **Please print clearly.**

CLIENT INFORMATION

Dr / Mr / Mrs / Ms Last Name _____ First Name _____ TxDL# _____

Dr / Mr / Mrs / Ms Spouse's Full Name _____ TxDL# _____

Mailing Address _____
 STREET/APT# _____ CITY _____ STATE _____ ZIP _____ COUNTY _____

Home Phone _____ His Cell _____ Her Cell _____

His Employer _____ His Work# _____

Her Employer _____ Her Work# _____

E-mail _____ (required if you would like us to remind when your pet's vaccines are due)

Previous Veterinarian _____ Phone# _____ May we call for records? YES NO

Alternate Contact (not living w/ you): Name _____ Phone# _____

How did you hear about us? Sign/Location _____ Yellow Pages _____ Shelter _____ Animal Control _____ HealthPlex _____ Facebook _____

Who were you Referred By _____ (so that we may thank them) Other _____

PATIENT INFORMATION

Pet Name	Dog	Cat	Other	Breed	Color	Age OR Birthdate	M or F	Neutered?	Microchip ID?
								Yes No	
								Yes No	
								Yes No	
								Yes No	

PAYMENT IS DUE IN FULL AT TIME OF VISIT. A deposit is required for extensive or emergency procedures, with balance due at time of release. There is a \$35.00 service charge on all returned checks.

To prevent the spread of parasites and infectious diseases, all hospitalized and boarding patients must be current on vaccinations and free of internal and external parasites. Your signature authorizes the doctor to provide these vaccinations and/or bathing/parasite control as needed.

By signing below, you authorize your pet's medical records to be released to city/state officials, requesting veterinarians/clinics/ hospitals and your pet's name and photo to be used on our Facebook page and/or other hospital publications (your last name WILL NOT be used).

How will you be paying today? Cash Check (TxDL# required) Visa Mastercard Discover Debit CareCredit

I am the owner (Representative) of the animal(s) listed above and will be responsible for payment of services rendered. In the event that collection efforts become necessary, I agree to pay for the costs of interest, collections, attorney's fees, and court costs.

Signature _____

Date _____