



# canyon ANIMAL CLINIC

Canyon Animal Clinic 1834 FM 2673 Canyon Lake, Texas 78133

THANK YOU FOR GIVING US THE OPPURTUNITY TO CARE FOR YOUR PET.

PLEASE COMPLETE THE FOLLOWING SO WE MAY ESTABLISH RECORDS FOR YOUR PET.

## CLIENT INFORMATION

OWNER: \_\_\_\_\_ SPOUSE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ DL#: \_\_\_\_\_ DOB: \_\_\_\_\_

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

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

WHO CAN WE THANK FOR REFERRING YOU? \_\_\_\_\_

## PATIENT INFORMATION

PET #1	PET #2
NAME: _____	NAME: _____
BREED: _____	BREED: _____
COLOR: _____	COLOR: _____
AGE/DOB: _____	AGE/DOB: _____
SEX: _____ ALTERED?: Y/N	SEX: _____ ALTERED?: Y/N
LAST VACCINES GIVEN: _____	LAST VACCINES GIVEN: _____
HEARTWORM PREVENTION: _____	HEARTWORM PREVENTION: _____
MEDICATIONS: _____	MEDICATIONS: _____

*I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of services and that a deposit may be required for surgical treatment or hospitalization. There is a \$25.00 charge for returned checks. The undersigned is responsible for any collection costs incurred if this account is assigned to a collection agency.*

\*\*\*PLEASE INITIAL IF YOU AUTHORIZE COMMUNICATION SUCH AS PICTURES, REMINDERS, AND UPDATES VIA TEXT MESSAGE . \_\_\_\_\_

\*\*\*PLEASE INITIAL IF YOU AUTHORIZE CAC/CAH TO SHARE YOUR PET(S) PHOTO ON SOCIAL MEDIA. \_\_\_\_\_

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