



**Canyon City Animal Hospital 13755 FM 306 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: \_\_\_\_\_