

Southlake Animal Hospital

Client Information Form

Please fill out completely.

Owner's Name: _____

Address: _____ City/State Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Which numbers would you like as your primary contact #? (circle one) **HOME** **CELL** **WORK**

How did you choose our hospital? (circle one)

WEBSITE GOOGLE DRIVE BY/LOCATION REFERRED BY (name) _____

OTHER (please explain) _____

Email address: _____

May we send text messages regarding your pet? (circle one) YES or NO

Driver's License Number: (DEA Purpose) _____ Date of Birth: _____

Employer: _____

Secondary Owner's Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Cat	Dog	Other	Name	Breed	Color	D.O.B	SEX	Altered

I authorize the following people to make medical decisions for or request medical information about my pet(s):

Name _____ Relationship _____

******I give permission to Southlake Animal Hospital to use my pet(s) picture, story and medical information for educational, marketing or social media purposes. (I understand that my name and personal information will not be released and that, once consent is given, it remains in full force until otherwise requested in writing) (circle one) YES or NO**

Payment is due when services are rendered and/or patient is released. A prepayment may be required for in-hospital treatment or surgery. For your convenience, we accept the following methods of payment:

CASH

CHECK

MASTERCARD

VISA

AMERICAN EXPRESS

Client Signature: _____

Date: _____