

WELCOME
Burnet Road Animal Hospital Client Information Sheet

We are pleased to welcome you to our practice.
Please take a moment to fill this out as completely as you can.
We look forward to working with you and caring for the needs of your pet.

Today's Date _____ How did you find us? _____

Last Name _____ First Name _____

Address _____

City _____, Texas Zip Code _____

E-mail _____

May your e-mail be used for reminders? YES _____ NO _____

Do you want your e-mail included in coupon rebate offers? YES _____ NO _____

Telephone Numbers (please include area code) Employer _____

Home _____ Work _____ Cell _____

Home Fax _____ Work Fax _____

****May your pet's records be shared For Boarding/Grooming and Referrals?** YES _____ NO _____

[] Spouse [] Partner [] Co-owner Employer _____

Last Name _____ First Name _____

Address _____ City/Zip _____

Home _____ Work _____ Cell _____

To prevent the spread of infectious diseases, all hospitalized and/or boarded patients must be current with vaccinations and free of internal and external parasites.

The signature below authorizes this level of preventive care. **We can prepare a written estimate upon request prior to any treatment or surgery.**

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED. We accept cash, checks, MasterCard, Visa, Discover, and Care Credit. All payment agreements must be preceded by a Care Credit application.

Checks that are returned unpaid will have a \$30.00 service charge added to the account.

X _____