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_____

Employer_____
Telephone Numbers (please include area code)

Home_____ Work_____ Cell_____

Hm/Wk Fax_____ **If your pet ends up in a photo may we post it? Yes_____ No_____**

<u>**May your pet's records be shared for Boarding/Grooming and Referrals? YES_____NO_____</u>

[ ] Spouse [ ] Partner [ ] Co-owner

Last Name _____ First Name _____

Address_____City/Zip_____

Employer _____

Home_____Work_____Cell_____
E-mail_____

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. PROFESIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED unless a pre-approved payment plan is set up BEFORE treatment**. The undersigned acknowledges financial responsibility for this account. In the event that payment is not received and the account is placed for collections, the undersigned agrees to pay, in addition to the amount due, service charges and collection expenses including attorney's fees. Checks that are returned unpaid will have a $30.00 service charge added to the account.

X _____

WAIVER OF RESPONSIBILITY

If I request my veterinarian at Burnet Road Animal Hospital to write or authorize a prescription for my pet, rather than dispense the medication. I understand that any medications and/or products purchased from a 3rd party pharmacy other than our own are under no guarantee or warranty with Burnet Road Animal Hospital.

I will not hold Burnet Road Animal Hospital liable for any problems which may occur as a direct result of my pet's ingestion or use of a prescription or product purchased from any other source other than in the clinic or through our accredited online pharmacy.

Owner's Signature: _____ Date: _____