

LAREDO ANIMAL CLINIC
WELCOME TO OUR PRACTICE

ALL FEES ARE DUE AT THE TIMES OF SERVICES RENDERED

ACCOUNT# _____

CLIENT FORM

Name (owner) _____ Spouse's Name _____
Address _____ City _____ State _____ Zip _____
Phone _____ Work phone _____ Spouses work phone _____
Place of employment _____ Best time to reach you _____
Driver's License _____ Social Security Number _____
Email Address _____
Emergency Contact Name _____ Phone _____

Choice of payment cash/check Visa MasterCard American Express

Note: Please be advised of our check policy effective 08/01/12. We are happy to accept your check for products and services with the following exceptions:

1. No temporary checks accepted.
2. Out of town checks must be approved by management.
3. No post dated checks accepted for boarding or elective surgeries.
4. Returned checks NSF will be taken to the District Attorney's Office.

Patient Information

Primary reason for visit: _____

Pets Name _____ Microchip# _____

Date of birth _____ Dog Cat Other

Breed _____ Female Male

Color _____ Spayed/Neuter Yes No

Pet obtained from: Friend Breeder Pet Shop Humane Society Other

I assume responsibility for all charges incurred in the care of the animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Owner or Responsible Party: **X** _____ **Date:** _____

Doctors Notes: _____

