

Anderson Mill Animal Clinic
13542 N HWY 183 Austin, TX 78750 (512)258-4163

Client Information

Name: _____ Alternate Contact: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code _____

Primary Phone: _____ Alternate Phone: _____

E-Mail: _____

DL#: _____ Birthdate: _____/_____/_____

How did you hear about us?: Google , Yelp , Drive by , Yellow Pages , Facebook , Twitter , Demand Force
Friend : _____, Other : _____

Employer: _____ Work Phone: _____

Work Address: _____

Please select form of payment: Cash , Check , Credit card , Debit card , Care Credit

Pet Information

Name: _____ Breed: _____ Color: _____

Age: _____ Sex: _____ Spayed/Neutered: Yes , No

Date of last vaccinations: _____/_____/_____ Microchip Number: _____

Name: _____ Breed: _____ Color: _____

Age: _____ Sex: _____ Spayed/Neutered: Yes , No

Date of last vaccinations: _____/_____/_____ Microchip Number: _____

I understand that every effort will be made to achieve a successful outcome and to provide for all possible safety and hospital care and handling. I hereby authorize Anderson Mill Animal Clinic to receive, prescribe for, treat, or perform surgery upon the pet(s) listed above. Furthermore, I agree to pay for all such services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. Charges not paid within 30 days are subject to a \$7.00 monthly billing fee. I agree to pay for the costs of collection, attorney fees, and court costs in the event that collection efforts become necessary. I agree that the venue of this action will be in Travis County, Texas. Additionally, I authorize Anderson Mill Animal Clinic to release my records when deemed necessary.

Name: _____ Date: _____/_____/_____