

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

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**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: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_