

Anderson Mill Animal Clinic
13542 Research Blvd Austin, TX 78750 512 / 258-4163

CLIENT INFORMATION

How did you hear about us? _____

Date: _____

Name: _____ Spouse's Name _____

Address: _____ Apt # _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell / Alternate: _____ Cell / Alternate: _____

E-mail: _____

Driver's License: _____ Birth date: _____ SS# _____

Employer: _____

Work Address: _____ Work Phone: _____

Spouses' Employer: _____ Work Phone: _____

Please select form of payment: Cash: _____ Check: _____ Credit Card: _____ Debit Card: _____

PET INFORMATION

1. Name: _____ Breed: _____ Color: _____ Microchip Number _____

Age: _____ Sex: _____ Has your pet been spayed or neutered? Y N

Date of last vaccinations: _____

2. Name: _____ Breed: _____ Color: _____ Microchip Number _____

Age: _____ Sex: _____ Has your pet been spayed or neutered? Y N

Date of last vaccinations: _____

3. Name: _____ Breed: _____ Color: _____ Microchip Number _____

Age: _____ Sex: _____ Has your pet been spayed or neutered? Y N

Date of last vaccinations: _____

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.

Name _____ Date _____