

Barton Creek Animal Clinic Client Information

Mr. Mrs. Ms. Dr. First and Last Name _____
 Spouse/Partner First and Last Name _____
 Address _____ City _____ State _____ Zip _____
 Phone Cell _____ Home _____ Work _____
 Spouse/Partner Phone Cell _____ Work _____
 E-mail _____ May we use it for reminders? _____ Newsletters/promotions _____

Pet Information

Name of Pet	Breed	Date of Birth	Male/Female Spayed/Neutered F-FS-M-MN	Color or Description	Last Rabies vaccination date if known?	Heartworm RX and Flea control?

List foods your pet eats (indicate dry or moist, brand names) _____
 Known sensitivities or allergies to drugs/products _____
 Current medications or therapies _____
 Reason for today's visit _____
 Clinical signs ("symptoms") _____
 When was problem or issue first noted, or approximate duration? _____
 Referred by: Whom? _____ Website Location Sign Other? _____
 Previous or referring veterinarian if here for alternative therapy or second opinion. _____

Please read carefully. Signature is required before examination and treatment.

Professional fees must be paid as services are rendered. In some cases a deposit may be required in advance, especially for pets being dropped-off for examination and treatment. Payment may be with cash, personal check with a valid driver's license identification, VISA, MasterCard, American Express or Discover. There is a \$30 fee for returned (NSF) checks. In order to avoid misunderstandings we urge all pet owners to discuss fees with the doctor prior to services being performed. Please ask for an estimate if needed.

Circle method of payment: Cash Check VISA MasterCard Discover American Express

Driver's license number and state _____ Date of Birth _____ Exp. date _____

Owner or Agent's signature _____ Date _____