



NEW CLIENT INFORMATION

Owner's Name: _____ Spouse's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ E-mail: _____

Pet's Name: _____, _____, _____

HOW DID YOU HEAR ABOUT OUR HOSPITAL?

Existing Client: _____

By letting us know who referred you we can properly thank them.

Partner Business

- Canine Republic
- Woodland Park
- 2nd Family Dogs
- Emergency Hospital of Collin County
- Other _____

Online Tools

- Google Maps
- Search Engine _____
- Facebook
- Pinterest
- Texasveterinary.com (Our Website)
- Other _____

Digital Hospital Sign

Other _____

FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

We will gladly prepare a written estimate if you desire. Estimates are made in good faith. We will do our best to stay as close as possible to estimated charges. Unpredictable costs do occasionally occur and will be the responsibility of the client. If you would like a written estimate prepared, please ask someone on our staff.

We accept cash, Visa, MasterCard, Discover, American Express and Care Credit®. Checks are not accepted on first visits. Checks will be accepted on subsequent visits with Texas Drivers License. No temporary checks will be accepted.

A fee of \$35.00 will be charged on all returned checks. It is your responsibility to update your account in the event of a returned check. If arrangements are not made to update your account, we will send your returned check to the district attorney.

Please initial:

- ___ I assume financial responsibility for services provided for my pet(s).
- ___ I authorize release of medical records to other veterinary hospitals when requested.
- ___ I authorize release of vaccination records to boarding facilities when requested.

Signature: _____ Date: _____

RECORD REQUEST

We will be able to provide better care for your pet if we are able to access their previous medical records. By signing below you are giving Custer McDermott Animal Hospital authorization to contact your pets previous Veterinarian and request a copy of their records. These records will be used for medical purposes only and will not be shared with any outside sources.

Signature: _____ Date: _____

Please provide the name and phone number of previous Veterinary facility.
