

Parmer Lane Pet Hospital
11951 W. Parmer Lane, Cedar Park, TX 78613
512-260-5443

NEW CLIENT INFORMATION

OWNER INFORMATION:

Name: _____ Spouse's name _____

Address: _____

City: _____ State: _____ Zip: _____

Home Ph# _____ Work Ph# _____ Cell # _____

E-mail _____

Driver's license# _____ Birthdate: _____

Employer: _____

How did you hear about us? _____

PET INFORMATION:

1. Name _____ Breed _____ Color _____

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

Last vaccines given _____

2. Name _____ Breed _____ Color _____

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

Last vaccines given _____

3. Name _____ Breed _____ Color _____

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

Last vaccines given _____

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat, or perform surgery upon the pet(s) listed above. Furthermore, I agree to pay fees for all services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. Charges not paid for within 30 days are subject to a monthly 1.5% finance charge. I agree to pay for the reasonable 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 the county where the hospital is located. I understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided.

Signature _____ Date _____