



Canyon City Animal Hospital 13755 FM 306 Canyon Lake, Texas 78133

THANK YOU FOR GIVING US THE OPPURTUNITY TO CARE FOR YOUR PET.

PLEASE COMPLETE THE FOLLOWING SO WE MAY ESTABLISH RECORDS FOR YOUR PET.

CLIENT INFORMATION

OWNER: _____ SPOUSE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ DL#: _____ DOB: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT: _____ PHONE: _____

WHO CAN WE THANK FOR REFERRING YOU? _____

PATIENT INFORMATION

PET #1	PET #2
NAME: _____	NAME: _____
BREED: _____	BREED: _____
COLOR: _____	COLOR: _____
AGE/DOB: _____	AGE/DOB: _____
SEX: _____ ALTERED?: Y/N	SEX: _____ ALTERED?: Y/N
LAST VACCINES GIVEN: _____	LAST VACCINES GIVEN: _____
HEARTWORM PREVENTION: _____	HEARTWORM PREVENTION: _____
MEDICATIONS: _____	MEDICATIONS: _____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of services and that a deposit may be required for surgical treatment or hospitalization. There is a \$25.00 charge for returned checks. The undersigned is responsible for any collection costs incurred if this account is assigned to a collection agency.

***PLEASE INITIAL IF YOU AUTHORIZE COMMUNICATION SUCH AS PICTURES, REMINDERS, AND UPDATES VIA TEXT MESSAGE . _____

***PLEASE INITIAL IF YOU AUTHORIZE CAC/CAAH TO SHARE YOUR PET(S) PHOTO ON SOCIAL MEDIA. _____

SIGNATURE: _____ DATE: _____