

ANIMAL SURGERY CENTER of HOUSTON

CLIENT INFORMATION

Last Name: _____ First Name: _____ Spouse: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Regular Veterinarian: _____ Referred by: _____

Have we seen you before? YES NO When? _____ Reason? _____

Reason for today's visit: _____

PATIENT INFORMATION

Pet's Name: _____ Age: _____ Weight: _____

Circle one: DOG CAT Breed: _____ Color: _____

Circle one: Male Female Neutered/spayed?: YES NO Vaccinations Current?: YES NO

Other pets? YES NO List # and type: _____

Circle one: Indoors Outdoors Pet door? YES NO Stairs? YES NO

Is this a working or performance animal? YES NO _____

Current medications: _____

Previous illnesses, surgeries, or allergies: _____

PAYMENT POLICY

Full payment is expected upon release of the patient. All surgery cases will require a deposit to be paid in advance. You may pay by cash, personal check, Visa, MasterCard, Discover, American Express, or Care Credit. In order to avoid misunderstanding, we urge that all fees be discussed with the doctor before services are rendered.

Signature of Responsible Party

Date