



Garland Animal Clinic

Welcome to our clinic!
Thank you for giving us the opportunity to care for your pet.
Thank you!

New Client Information

Date _____ Email _____ Chart # _____

Owner's Name _____ Spouse/Other _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer's Name _____

Spouse/Other Employer's Name _____ Work Phone _____

At what time is the best to call you about your pet? _____ At which number? _____

Emergency Contact _____ Phone _____

How did you hear about us?

Internet Friend Relative Yellow Pages Our sign/advertisement Doctor

Name of friend, relative, or referring doctor? _____

Pet Information

New Patient Name _____ Species (Dog/Cat/Other) _____

Breed _____ DOB _____ Age _____

Color _____ Male/Female _____ Altered? _____

New Patient Name _____ Species (Dog/Cat/Other) _____

Breed _____ DOB _____ Age _____

Color _____ Male/Female _____ Altered? _____

New Patient Name _____ Species (Dog/Cat/Other) _____

Breed _____ DOB _____ Age _____

Color _____ Male/Female _____ Altered? _____

Please provide your previous veterinarians information so we can have your pet's medical records faxed to us (vaccination information, medical notes, etc).

Name _____ Phone _____

Authorization

I hereby authorize a veterinarian to examine, prescribe for and treat the above described pet(s). I assume responsibility for all charges incurred in care of this animal. I also understand that these charges are to be paid when my pet is discharged, and that a deposit may be required for surgical or other treatment.

Signature of Owner/Responsible Party _____ Date _____

Driver's License Number _____ State _____