

Summerwood Veterinary Clinic

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a moment to complete the following information.

HOW DID YOU FIRST HEAR OF OUR CLINIC?

- Location (Drive-by),
 Yellow Pages,
 Online (Google, Yelp, etc.)
 Personal Reference? (IF SO, WHOM MAY WE THANK?) _____

CLIENT INFORMATION

Owner's Name _____ Spouse/Other Contact _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

E-Mail Address _____ Driver's License # _____

Previous or Current Veterinarian _____ Phone: _____

May we request records from your previous or current Veterinarian? Yes / No

May we send medical information to your grooming or boarding facility? Yes / No

May we send you reminders via e-mail? Yes / No

May we send you pet health information (NOT SPAM) every few months? Yes / No

PET INFORMATION

	Pet #1	Dog / Cat	Pet #2	Dog / Cat
Name				
Breed				
Color				
Age or Birthdate				
Sex (circle)	Male / Female	Spay / Neutered	Male / Female	Spay / Neutered
Microchip #				
Vaccinations	Date Given		Date Given	
Rabies				
DHPP				
Lepto				
Bordetella				
HW Test				
FVRCP				
FeLV				
FeLV/FIV Test				
Medications				

WE WILL GLADLY PREPARE A WRITTEN ESTIMATE FOR OUR SERVICES. PLEASE NOTE PAYMENT IS DUE AT THE TIME OF SERVICE and WE DO NOT ACCEPT AMERICAN EXPRESS OR TEMPORARY CHECKS. I AUTHORIZE SUMMERWOOD VETERINARY CLINIC TO EXAMINE / TREAT MY PET AND I WILL BE RESPONSIBLE FOR THE FEES INCURRED. CHECKS WILL ONLY BE ACCEPTED WITH A CURRENT TEXAS DRIVERS LICENSE.

SIGNATURE _____ Date _____