

WATAUGA ANIMAL HOSPITAL

7744 Denton Hwy. • Watauga, TX 76148 • Phone: (817) 427 – 1141 • Fax: (817) 427 – 8131

CLIENT INFORMATION

Last Name: _____ First Name: _____
Last Name: _____ First Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Number: _____ Work Number: _____
Cell Number: _____ Other Number: _____
Which phone number is the best way to reach you? _____
E-mail Address (to receive vaccination updates): _____
Employer: _____
Driver's License No.: _____ State: _____

PET INFORMATION

Name: _____ CANINE FELINE	Name: _____ CANINE FELINE
Breed: _____ MALE Neutered	Breed: _____ MALE Neutered
Color: _____ FEMALE Spayed	Color: _____ FEMALE Spayed
Birthday (please estimate if unknown): _____	Birthday (please estimate if unknown): _____
Microchip Number: _____	Microchip Number: _____

Name of last animal clinic your pet(s) had services performed? _____ Phone: _____
Does your pet have pet insurance? YES | NO If yes, Insurance Company: _____
How did you hear about us? WEBSITE | INTERNET | SIGN | Other (please specify): _____

We will gladly prepare a written treatment plan, if requested. ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED! All returned checks are subject to a service charge of \$30.00.

We accept Cash, Care Credit, Check, VISA, MasterCard, Am. Express and Discover.

** In order to prevent the spread of infectious diseases, all patients staying in our facility must be current on all vaccinations and free from internal and external parasites. A signature below authorizes this level of preventative care and the appropriate charges will be assessed upon discharge. **

Signature of client responsible for pet: _____
Printed Name: _____ Date: _____