

Client Information

Primary Contact Name: _____ Spouses Name _____

Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Contact Phone Number: _____ Please check all that apply Call ___ Text ___ E-mail ___

Driver's License: _____ Email Address: _____

Employer: _____ Telephone: _____

Spouse's Employer _____ Telephone: _____

How did you hear of us (If a person, please list their name so we may personally thank them)

Are we able to use photos of your pets in social media marketing and other advertising venues?

Yes _____ No _____

Animal Information

Name _____ Dog ___ Cat ___ Other ___ Breed _____

Color _____ Sex _____ Neutered/Spayed _____ DOB _____

Previous problems or concerns _____

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Payment Policy

I hereby authorize the Veterinarian to examine, prescribe, or treat my pets. I assume responsibility for all charges incurred in the care of these pets. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical or medical treatment. Tekonsha Animal Hospital PLLC cannot extend credit of any kind. We accept Visa, Mastercard, American Express, Discover and Care Credit. There is a NSF check fee of \$45. For any outstanding balances, there is a \$5 per month billing fee plus interest of 0.58% per month.

Signature of Owner _____ Date _____