



# Welcome

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you may have about your pet's health. To insure the best care possible, please take the time to fill in this form completely. Thank you!

Client # \_\_\_\_\_

## Registration

Owner: Mr. Mrs. Ms. Dr. \_\_\_\_\_

Address: \_\_\_\_\_ Apt# \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

DL# \_\_\_\_\_ DL State \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer \_\_\_\_\_ Email \_\_\_\_\_

Spouse: Mr. Mrs. Ms. Dr. \_\_\_\_\_ Cell \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Number \_\_\_\_\_

## Information

### How did you hear about our clinic?

Search Engine:

- Google Yahoo Yelp
- Yellow Pages
- Wacoan Magazine
- Angie's List
- Facebook
- Sign

- South Bosque Vet Clinic Website
- Dogtopia
- Fuzzy Friends
- Happy Hounds
- Nextdoor Network
- Waco Animal Emergency Clinic
- Waco Humane Society

- Wolfgang Bakery
- Referred by Person (specify who) \_\_\_\_\_
- Other: If other, please specify \_\_\_\_\_

## Authorization

I hereby authorize South Bosque Veterinary Clinic, PLLC, its agents, servants, or representatives to examine, prescribe for, and/or medically treat my pet(s). I assume responsibility for all charges incurred in the care of my animals. I also understand that these charges will be paid at the time of service and that a deposit may be required for surgical and/or medical treatment.

Signature of Owner \_\_\_\_\_

Date \_\_\_\_\_