

Healthy Paws Veterinary Center
Dr Willingham * Dr Shores * Dr Dodge
Little Elm , TX 75068
(972) 292-3030

CLIENT INFORMATION

Owner's Last Name _____ First Name _____ DL# _____

Spouse/Other's Last Name _____ First Name _____ DL# _____

Address _____ Apt# _____

City _____ State _____ Zip _____ Email _____

Phone Numbers:

	Owner	Spouse/Other
Home	()	()
Work	()	()
Cell	()	()
Other	()	()

Employer Name _____ Spouse/Other Employer _____

Emergency Contact Name _____ Phone _____

How did you learn of our clinic? Sign/Drive-by Yellow Pages Coupon Website Personal Reference _____

PET INFORMATION

Name _____ Dog Cat Other _____

Breed _____ Color _____ Birthdate _____

Male Neutered Female Spayed

Vaccination History (Date and type of last vaccinations): _____

Pet's current medications: _____

PAYMENT AND AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet(s) listed above. I assume responsibility for all charges incurred in the care of my animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Note: If paying by check, a copy of your current driver's license is required.

Signature of Owner/Authorized Agent: _____ Date: _____