

CLIENT/PATIENT INFORMATION

Welcome to Terrell Veterinary Clinic. Thank you for giving us the opportunity to care for your pet. Please help us to better meet your needs by taking a moment to complete this information sheet.

Your name _____ Spouse/Other _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____ Work _____

Email _____

Spouse Cell _____ Spouse email _____

Your Driver's License Number _____ State _____ (if you wish to pay by check)

How would you prefer to receive reminders for your pet? Postal Mail E-mail

How did you first learn of our clinic? _____

Emergency contact if you cannot be reached _____

	PET #1	PET #2	PET #3
Name			
Species (Cat, Dog, etc)			
Breed			
Description/Color			
Age/Date of Birth			
Sex/Neutered or Spayed?			
Microchip Number			
Current Medications			
Special Diet?			
Patient History: Please include allergies, vaccine reactions, prior illnesses, surgeries and dental work			
Previous Vet and Phone #			

I understand that I am financially responsible for the total charges for services rendered. I agree to pay in full for all services rendered, including those deemed necessary for medical and/or surgical complications or unforeseen circumstances. Any estimate of charges for presently planned procedures is only an approximation and the final bill may be greater or less than this amount and made payable to Terrell Veterinary Clinic. I am aware that a deposit may be required at the time of admission for surgical, drop off examinations and emergencies.

The duration of this authorization is indefinite and continues until revoked in writing. I am responsible for payment of services in full. I further understand should my account become delinquent I shall pay the reasonable attorney's fees or collection fees, if any.

Signature: _____ Date _____

**Terrell Veterinary Clinic
2 Lakeway Centre Court
Lakeway, TX 78734
512 263 5517**

VETERINARY MEDICAL RECORDS RELEASE FORM

Client Name _____

Pet(s) Name _____

I, the undersigned do hereby grant my permission for the release of any or all of the information contained in the medical records of those pets listed above to the following:

- Grooming Facility
- Boarding Facility
- Specialty/Referral Clinic
- Adoption/Rescue Facility
- Training Facility/Trainer
- Other _____

Client Signature _____ Date _____

****This release will remain in effect until you notify us of any desired changes****

PHOTO RELEASE FORM

We would love to use your pet(s) for fun things like Facebook, our website, etc. and would appreciate you taking a moment to give us permission to use any photographs you grant us permission to take. We *will not* photograph sick or injured patients. Please check one of the options below.

I hereby give and grant to you, Terrell Veterinary Clinic, the right to use my pet's name and/or likeness, and the right to photograph his/her likeness.

In addition, I hereby consent to the use of his/her name and/or said photograph(s), likeness, and any reproduction thereof in or in connection with productions, exhibition, distribution, advertising, and exploitation. I understand that I will not receive and monetary payment, now or in the future, for my participation within the use of these photographs.

I do not wish you to photograph my pet(s).

Please sign below that you have read and understand this release.

Signature

Date

