

Office Use Only.  
Initials: \_\_\_\_\_

**Alamo Dog and Cat Hospital**  
1619 Pleasanton Rd  
San Antonio, TX 78221  
(210) 922-1231

## NEW CLIENT FORM

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

### CLIENT INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Place Of Employment \_\_\_\_\_ Best Time To Reach You \_\_\_\_\_

Driver's License # \_\_\_\_\_ Social Security # \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Senior Citizen (60 & over): Yes / No

### All Fees Are Due At The Time Services Are Rendered

Please indicate choice of payment.      Cash / Check      Visa / MasterCard      Amex / Discover      Care Credit

How did you become aware of our clinic?      Drove by      Yellow Pages      Previous Client      Other \_\_\_\_\_

Personal Recommendation (*Whom may we thank?*) \_\_\_\_\_

	PET # 1	PET # 2	PET # 3
NAME			
SPECIES (CANINE, FELINE, AVIAN)			
BREED			
DATE OF BIRTH			
COLOR			
SEX; SPAYED OR NEUTERED?			
YOUR PET'S VACCINATION HISTORY:			
DATE?			
WHERE?			
HEARTWORM TEST/PREVENTION?			

Person to Contact in case of Emergency \_\_\_\_\_  
Name Relation

Home Phone (    ) \_\_\_\_\_ Mobile Phone (    ) \_\_\_\_\_

**All fees are due and payable upon release of patient. If the patient has to be admitted for treatment, a deposit will be required at that time.**

*"I am aware that my balance will be doubled if this account is assigned to an outside agency for collections. I am also aware that there is a \$30.00 charge for returned checks and they are subject to prosecution by the district attorney's office."*

*"I give Alamo Dog & Cat Hospital permission to obtain my pet's medical history from other animal hospitals and also give my pets' medical history to other veterinarians whenever necessary"*

Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_