



CLIENT INFORMATION

Owner Name: _____
(Last Name, First Name)

Co-Owner Name: _____
(Last Name, First Name)

Home Address: _____ APT # _____

City: _____ State: _____ Zip: _____ Primary Phone: _____

Owner Information

Co-Owner Information

Primary Contact #: _____

Primary Contact #: _____

Secondary Contact #: _____

Secondary Contact #: _____

Alternate Number: _____

Alternate #: _____

E-mail Address: _____

E-mail Address: _____

PATIENT INFORMATION

Patient Name: _____ DOG CAT Breed: _____

Circle One: Male/Intact Male/Neutered Female/Spayed Female/Intact Last Heat Cycle: _____

Birth Date/ Age: _____ How long have you owned this pet? _____ Color: _____

Who is your pet's primary care veterinarian? Dr. _____ Clinic Name: _____

Who referred your pet to our hospital? Dr. _____ Clinic Name: _____

Reason for Referral (primary complaint): _____

Please list any of your pet's drug allergies or special problems that we should know about: _____

Have any doctors at this hospital, MissionVet Specialty & Emergency (San Antonio) or Gulf Coast Veterinary Specialists (Houston) seen any of your pets in the past? Yes No If yes, which doctor(s) and which pet(s): _____

Did you bring (or mail in) X-rays and/or medical records from your veterinarian? Yes No

Had you heard about our hospital prior to this referral? Yes No If yes, how? _____

Would you like to receive information and updates from Austin Veterinary Emergency & Specialty Center? Yes No

We are always looking for patient stories to share with our community! Please check here to give permission to use your pet's photo and/or story on our social media page(s):

Yes, I am ok with Austin Veterinary Emergency & Specialty Center sharing my pet's picture and story.

Payment Information

Following the doctor's examination, we will provide you with an estimate of fees. All professional fees are due at the time services are rendered, with a 75% partial payment required to begin diagnostics, surgery, and/or treatment. We accept cash, check (with appropriate identification and check approval), and all major credit cards. There will be a service charge for any check returned unpaid. We urge you to discuss all fees with the doctor before services are performed. Austin Veterinary Emergency & Specialty Center is comprised of multiple practices within the building. Charges that are assessed for your pet will be billed separately through each appropriate practice. If you have any questions, please ask our front desk staff.

SIGNATURE OF RESPONSIBLE PARTY: _____ **DATE:** _____

(Must be over 18 years of age)