



7300 Ranch Road 2222 Bldg. 5, Ste. 100 | Austin, Texas 78730

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Website: AustinVets.com | Email: info@austinvets.com

CLIENT INFORMATION

Owner Name: \_\_\_\_\_ (Last Name, First Name)

Primary Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ APT # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Co-Owner Information

Co-Owner Name: \_\_\_\_\_ Co-Owner Contact #: \_\_\_\_\_ (Last Name, First Name)

Are you an active or retired member of the U.S Military?  Yes  No

PATIENT INFORMATION

Patient Name: \_\_\_\_\_  DOG  CAT Male Intact Neutered Female Intact Spayed

Breed: \_\_\_\_\_ Birth Date/Age: \_\_\_\_\_ Color: \_\_\_\_\_

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

Clinic Location: \_\_\_\_\_

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

Clinic Location: \_\_\_\_\_

Reason for Referral (Primary concern): \_\_\_\_\_

If applicable, who is your Pet Insurance Provider? \_\_\_\_\_ Policy #: \_\_\_\_\_

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

Have any doctors at this hospital seen any of your pets in the past?  Yes  No If yes, which doctor(s) and which pet(s): \_\_\_\_\_

Did you bring in (or email) 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? \_\_\_\_\_

MEDIA CONSENT

Yes, I give Gulf Coast Veterinary Surgery – Austin II, PLLC (DBA Austin Veterinary Emergency & Specialty Center) the right to create, edit, copy and make use of my pet's image and my pet's treatment story in and/or for promotional materials including, but not limited to social networking sites, websites, newsletters, flyers, posters, and brochures, without payment or any other consideration. I understand and agree that any images of or treatment stories about my pet are the property of Austin Veterinary Emergency & Specialty Center and will not be returned to me. I waive and release Austin Veterinary Emergency & Specialty Center from all claims arising from Austin Veterinary Emergency & Specialty Center's use of my pet's image or treatment 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)