

ALVIN ANIMAL CLINIC
2202 N. Gordon
Alvin, Texas 77511
Phone: (281) 585-5183 | Fax: (281) 824-1212

NEW CLIENT-PATIENT INFORMATION SHEET

_____ Spouse _____
Last First MI

Mailing Address _____
(City, State, Zip)

Home Phone _____ Spouse's Number _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Driver's Lic # _____

Place of Employment _____
(Company and Address)

If necessary, may we call you at work? Yes _____ No _____

E-mail address _____

Do you want to receive emails from the clinic? Yes _____ No _____

How did you hear about our clinic? _____

Pet Information

1. Name: _____ Sex: _____ Spay/Neuter _____ Breed: _____

Color: _____ Age/Birthday: _____ Wt.: _____

2. Name: _____ Sex: _____ Spay/Neuter _____ Breed: _____

Color: _____ Age/Birthday: _____ Wt.: _____

3. Name: _____ Sex: _____ Spay/Neuter _____ Breed: _____

Color: _____ Age/Birthday: _____ Wt.: _____

****WE DO NOT HAVE CHARGE ACCOUNTS OR PAYMENT PLANS****

I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT I am the owner of the animals listed on this paper and that I assume financial responsibility for any charges accrued during the course of care for said animals. I hereby consent and authorize Alvin Animal Clinic to diagnose, prescribe, and treat medical conditions present in these animals. It is thoroughly understood that I assume all risks. I understand that an office visit charge is \$42.50, that it does not include any treatment, diagnostic testing, or medications, and that payment is due at the time of service. I have read the foregoing and agree.

Signature: _____ Date: _____