



Welcome!

Welcome to Animal Healthcare Clinic of Southlake! It is our mission to provide top-notch, compassionate medical care for your pets by putting them first. Thank you for giving us the opportunity to partner with you in the care of your pets.

Registration

Owner's Name (first, last): _____ Spouse/Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ May we text you? Yes No

(Please circle which phone number you would prefer as the primary contact number.)

Driver's License #: _____

Email Address: _____

May we email you reminders about your pets? Yes No

May we use your pet's photo on our social media platforms?

Yes No

How did you hear about us?



Drove By _____ Other (please specify): _____ Client: _____ (whom may we thank?)

Pet Health History

(For additional pets, please use reverse side.)

Pet's Name: _____ Date of Birth: _____ Dog or Cat

Sex: Male Female Neutered or Spayed? Yes No

Breed: _____ Color: _____

Microchipped? Yes No If yes, we can scan for the number to update our records.

Name of the clinic where previous services were performed: _____

Does your pet have any allergies, special medications, or health problems we should know about? Yes No

If yes, what? _____

Authorization

I assume responsibility for all charges incurred in the care of this animal. I **understand that these charges must be paid at the time of release** and a deposit may be required for surgical or hospitalization treatments. We accept all major credit cards, cash, check, and CareCredit.

Signature of owner responsible for pet(s) _____

Date _____ Printed name: _____

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