

# Client/Patient Information Form



4106 North Lamar Blvd. | Austin, TX 78756  
Office (512) 459-4336 | Fax (512) 323-2219

## CLIENT INFORMATION

Owner's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Secondary Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Pet Insurance Provider: \_\_\_\_\_

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_ Species:  Canine  Feline  
Sex:  Male  Female  Spayed/Neutered Breed: \_\_\_\_\_  
Age/Date of Birth: \_\_\_\_\_ Color/Markings: \_\_\_\_\_  
**Vaccination Status:**  All Are Current  Current On Rabies Only  All Are Overdue  Unknown

### How did you find out about us? (Please check)

Primary Veterinarian (Name & Hospital): \_\_\_\_\_  
 Previous Visit  Drive By/I Saw Your Sign  Client Referral (Name): \_\_\_\_\_  
 Taurus Dog Training  Austin Pet Directory  Rescue Group/Animal Shelter (Name): \_\_\_\_\_  
 Apt Complex (Name): \_\_\_\_\_  311  Direct Mailer/Welcome To The Neighborhood

### If you found us online, please choose one of the following:

Google Search  Yelp.com  Veterinarians.com  Citysearch.com  Our Website  Facebook  Twitter  
 YouTube  Hospital Blog  YP.com  LocalVets.com  Pinterest  Google+ Page  Google Ads  
 Other: \_\_\_\_\_

## AUTHORIZATION

I hereby authorize the veterinarians and staff at Austin Vet Care at Central Park to examine, prescribe for and/or treat my pet(s). I also certify that I am 18 years of age or older and understand I am financially responsible for the treatment received at Austin Vet Care at Central Park. ***I understand that full payment is due at the time services are rendered and that a deposit is required for any hospitalized and/or admitted pet.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_