

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

Folder

Somerset Animal Clinic  
7248 S Loop 1604 W  
Somerset, TX 78069  
830-429-DOGS (3647)

Thank you for allowing us to care for your pet. Please fill out this information sheet to the best of your knowledge.

**Owner Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Best time to call: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

**\*\* AT LEAST ONE OF THE FOLLOWING IS REQUIRED \*\***

\*Owner's Driver's License #: \_\_\_\_\_ \*Social Security #: \_\_\_\_\_

How did you hear about our clinic?

Location \_\_\_\_\_ Newspaper \_\_\_\_\_ Sign \_\_\_\_\_ Personal Recommendation \_\_\_\_\_

**Pet Information:**

	Name	Species	Breed	Date of Birth / Age	Sex	Spay/Neuter
Pet 1					M - F	Y - N
Pet 2					M - F	Y - N
Pet 3					M - F	Y - N
Pet 4					M - F	Y - N
Pet 5					M - F	Y - N

Please provide information of history of surgeries, illness, heartworm test, fecal test, and date and type of last vaccinations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To help prevent the spread of infectious diseases, ALL hospitalized and boarded animals must be current on all vaccinations. DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS AND CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccinations can be updated at the time of your appointment if it is not current.

It is our policy to provide you with an estimate of charges for any care where in hospital treatment, surgery, or hospitalization are needed. A deposit prior to treatment will be required. ALL CHARGES ARE DUE AT THE TIME SERVICES ARE PROVIDED! Balances on unpaid accounts will be sent into a collection agency. The individuals identified above MUST be 18 or older and will be responsible for all late fees, collection charges, interest fees, and service charges involved in the collection process.

Please indicate method of payment: Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_ Debit \_\_\_\_\_

AUTOMATED REMINDERS: Yes  No  (note: selecting "no" means you will not receive pet reminders at all)

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