Bluebonnet Veterinary Clinic

1601 Buchanan Drive Phone: 512-756-7387 Burnet, Tx 78611 Fax: 877-809-3094

New Client Registration

Welcome to Bluebonnet Veterinary Clinic! Thank you for giving us the opportunity to care for your pets. Please take a few minutes to answer the following questions.

Owner's Name: DL#:		Exp.	DOB	
Address: Cell #: (City/ZIP:		
Home #: () Cell #: ()	Wor	k#: ()	
Place of Employment:				
Email:				
Spouse's Ivaine.	DL#		DOB	
Place of Employment:		Wo1	rk#: ()	
Would you like your reminders by: E-mail How did your hear about our clinic? Yellow PagesRadioSocial Media (facebook, etc)Recommendation – Whom may we thank?	Phose Sign Web sit	ne Call		
Other				
Pet's: Name: Neutered or Spayed: Ye	Dog: es No	Age/Do	OB:	
Breed:	Colo	1.		
Pet's: Name:	Dog:	Cat:	Other:	
Pet's: Name: Neutered or Spayed: Ye	s No	Age/De	OB:	
Breed:	Color:			
Pet's: Name:	Dog:	Cat:	Other:	
Male: Female: Neutered or Spayed: Ye				
Breed:	Colo	r:		
Is there a previous doctor or clinic we may request records from?				
I, the undersigned, hereby authorize the veterinarian to examine, prescribe for, or treat my pet(s). I assume responsibility for all charges incurred in the care of my pet(s). I also understand that these charges must be paid at time of release unless prior arrangements have been made. I give permission for Bluebonnet Veterinary Clinic to release my records to other hospitals and specialist if needed.				
Signed:		Date:		

We accept cash, checks, Visa, MasterCard, and Discover. Care Credit applications are available at the front desk and can be processed online.