



Please tell us about yourself

Name of Primary Owner _____

Other Owners _____, _____

Address _____
Street city state ZIP

Best contact numbers (for us to call about your pet) _____, _____

Where do you work? _____

Email _____

How did you hear about Austin Vet Hospital? (circle) Drive by Web phonebook newsletter
Referral (who should we thank!) _____

_____ **Tell us about your pets!** _____

(#1) NAME _____ Male or Female Cat or Dog other

Breed _____ Color _____ Birthday _____ (year is ok)

Spayed or Neutered? Y N Indoor only? Y N

Anything special we should be aware of? _____

(#2) NAME _____ Male or Female Cat or Dog other

Breed _____ Color _____ Birthday _____ (year is ok)

Spayed or Neutered? Y N Indoor only? Y N

Anything special we should be aware of? _____

Have more than 2 pets- cool! Let us know and we can get info on them too

We do not offer billing- Full payment is expected at time of service.

We see pets by appointment- no shows will be charged a fee

I give my permission to release vaccine history and limited medical information to pet care services (boarding kennels, obedience schools, groomers, etc)

Signed _____ dated _____