

WELCOME to Texas Veterinary Hospitals



Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you have about your pet's health. Thank you.

Registration

Today's Date _____

Owner's Name _____ Spouse/Other _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail _____

SS# /SIN _____ DL# _____ (Required if paying by check)

In case of an EMERGENCY, please call _____

How did you learn about us?

- Used our services before
- Yellow Pages
- Our hospital sign
- Recommended by a friend
- Coupon or mailer
- Internet
- Radio ad (Please tell us which station _____)
- Other (Please tell us who) _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. 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 that a deposit may be required for surgical treatment.

Signature of Owner/Agent _____ Date _____