



# Aldine Westfield

Animal Hospital Inc

## Client Information

Today's Date \_\_\_\_\_

### OWNERS' INFO

Primary Client \_\_\_\_\_  
Last Name First Name

Secondary Client \_\_\_\_\_  
Last Name First Name

Primary Number \_\_\_\_\_

Relation to Primary \_\_\_\_\_

Primary Address \_\_\_\_\_

Secondary Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please list the names of anyone you allow to pick up your pets, make payments, and approve services: \_\_\_\_\_

E-mail Address \_\_\_\_\_

TXDL# \_\_\_\_\_

How did you hear about us? Circle One: Social Media | Google | Yelp | Organic (such as drive by) | Friend

If referred, who referred you so we can thank them?

### PET'S INFO

Pet's Name \_\_\_\_\_ D.O.B. / approximate age \_\_\_\_\_

Circle One: Dog | Cat Breed: \_\_\_\_\_

Circle One: Male | Neutered | Female | Spayed Color(s): \_\_\_\_\_

Please list any medications your pet is on: \_\_\_\_\_

Is your pet CURRENT on Rabies vaccine? Yes | No

Do you have other pets you wish to add to your account at this time? Yes | No

By signing this form I am authorizing the veterinarians and staff of Aldine Westfield Animal Hospital (AWAH) to treat my pet listed above as a patient in the hospital. I understand payment is due at the time services are rendered, and if I need an estimate, I may ask for one before services are performed. I understand AWAH accepts CareCredit as a form of making payments and no other payment plans are permitted.

Signature of Primary Client (must be at least 18 years of age)