

Lago Vista Animal Clinic, Inc.

20711 FM 1431, Lago Vista, TX 78645

Phone: 512-267-7387 (PETS)

Fax: 512-267-7389 or 512-267-5006



Virginia Williams, DVM -- Erica Stremlau, DVM -- Jacque Harbison, DVM

OWNER / PET INFORMATION

Thank you for giving Lago Vista Animal Clinic the opportunity to care for your pets. So that we may become better acquainted, please answer the following questions.

OWNER & CO-OWNER / SPOUSE INFORMATION

~Name (Mr. Mrs. Ms) _____

~Address _____ City _____ State _____ Zip _____

~Date of Birth _____ Home # _____ Cell # _____ Work # _____

~Employer & address _____

~Co-owner / Spouse name _____ Home # _____ Cell # _____

~Employer & Address _____ Work # _____

~Emergency contact name & phone _____

~Owner E-mail _____ Co-owner E-mail _____

~Drivers license number _____

All fees are due at the time services are rendered. We may require a deposit for hospitalized cases prior to admission. We will provide an estimate if requested.

~Will you be paying by cash _____ check _____ or credit card _____? We accept Visa, M/C, Discover and Care Credit. We require a copy of your current Texas DL or other ID.

HOW DID YOU BECOME AWARE OF OUR CLINIC?

____ Previous (Pet Name) _____ Driving by _____ Phone Book _____ Internet _____

____ Personal recommendation, whom may we thank? _____

PET INFORMATION

~Name _____ Dog / Cat / Other _____ Color _____ Breed _____

~Male _____ Female _____ Spayed or Neutered Yes _____ No _____ Date of Birth _____

~Is this your pet's 1st Veterinary Visit? Yes _____ No _____

~Dog: On heartworm / flea preventative _____ What type _____

~Cat: Tested for Feline Leukemia / FIV _____ When _____

~Previous Illness or surgeries _____

~Vaccinations given: Type / Date _____

~Did you bring veterinary records with you _____ Would you like us to request them _____

~Name of prior Veterinarian _____

~City /State _____ Phone # _____

I AUTHORIZE DR. WILLIAMS OR HER STAFF TO RELEASE ANY INFORMATION REGARDING VACCINATIONS OR MEDICAL TREATMENTS OF MY PETS TO ANY PERSONS WHO MAY NEED THIS INFORMATION.

Any unpaid balance over 30 days will be subject to a \$7.50 late charge. In addition, you agree to pay all costs of collection including but not limited to Collection Agencies fees, Attorney fees, Court costs and Filing fees. If your check is dishonored, you agree to pay a processing fee of \$30. We may electronically debit your account for this fee. If your check is returned NSF or Uncollected Funds, we may re-present it electronically.

I agree to the above conditions

Signature

Date