



Animal Health & Hospital
Lubbock, TX

New Client Information Sheet

Thank you for giving us the opportunity to care for your pet(s). Please take a minute to fill out the information below. Thank you!

Date: _____ First & Last Name: _____ Spouse's Name _____

Primary Number: _____ Spouse's Primary Number: _____

Work Number: _____

Mailing Address: _____

City: _____ Zip: _____

Email Address: _____

Employer: _____ Spouse Employer: _____

How did you hear about us? Google / Internet / Calling around / Current Client / Friend (who is not a client)

If they are a current client please provide their full name so they can receive a special gift on us!

Do we have your permission to publish pictures of your pet(s) on our website or other social media sites? Y / N

Signature: _____

How will you be paying? Cash / Check / Credit Card MM / DD / YYYY

If you plan on paying by check please provide: DL # _____ DOB ____/____/____

Number of Pets: Dogs: 1 2 3 + Cats: 1 2 3 + Other: 1 2 +

Please write **NAME, BREED, AGE, AND COLOR** of pets: Please write whether your animal is SF (Spayed Female) / NM (Neutered Male) / U (unaltered) - M or F next to name to signify their status this can affect diagnosis on certain exams

Is your pet fractious/aggressive? Y / N Is it towards anything in particular? (Ex: My animal is aggressive towards men.) _____

PLEASE NOTE THAT ALL PAYMENTS ARE DUE AT TIME OF SERVICES. WE DO NOT OFFER PAYMENT PLANS OF ANY KIND. WE GLADLY ACCEPT: CASH, CHECK (WITH VALID ID), CARE CREDIT (WITH 2 FORMS OF I.D. OR WRITTEN PERMISSION FROM THE CARD OWNER), DEBIT, MASTERCARD, VISA, AND AMERICAN EXPRESS AND DISCOVER.