

HOLT VETERINARY CLINIC: NEW CUSTOMER FORM

Please help us meet your needs better by taking a moment to print out and complete this information sheet.

Owner Information

Today's Date _____

Mr. Mrs. Ms. Dr.

Owner Name _____

Spouse/Other _____

Address _____

City _____

Zip Code _____

Home Phone _____ Work _____

Cell _____

Social Security Number _____

Date of Birth _____

Driver's License/State _____

Patient Information

Pet Name _____

Species _____

Date of Birth _____ Color _____

Breed _____

Sex (circle one) Male Female Neutered / Spayed (circle one) Yes No

Pet Name _____

Species _____

Date of Birth _____ Color _____

Breed _____

Sex (circle one) Male Female Neutered / Spayed (circle one) Yes No

(Please write any additional pets on the back!)

How did you hear about us? _____

ALL HOSPITALIZED AND BOARDED ANIMALS MUST BE CURRENT ON VACCINATIONS.

I authorize Holt Veterinary Clinic to do what is necessary to stabilize and treat my pet in the event of an emergency, including but not limited to administering sedation, anesthesia, performing diagnostics and/or surgery. HVC will make a reasonable attempt to contact me at the emergency numbers I have provided prior to administering such treatment (as the situation permits), but in the event I cannot be reached, I authorize HVC to take such measures described above in the best interest of my pet and to manage the treatment of my pet until I can be reached. I agree to be financially responsible for the above. _____ (initial please)

I acknowledge that Holt Veterinary Clinic does not provide overnight staff on premises. In the event that I want my pet to have overnight observation, I understand that I must transfer my pet to a 24-hour facility. _____ (initial please)

I will contact Holt Veterinary Clinic if, for any reason, I am unable to pick up my animal within 10 days of the discharge date. _____ (initial please)

FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. We accept cash, checks, debit cards, American Express, Visa, MasterCard, and Discover.

Holt Veterinary Clinic –5619 SMU Blvd – Dallas, TX 75206 – 214-361-2834