

Austin Bluffs Animal Clinic

Client Information

Date: _____ Your Birthdate: _____

Email Address: _____

DL #: _____

Employer: _____

Your Name: _____

Work Phone: _____

Address: _____

Occupation: _____

City: _____ State: _____

Emergency Contact: _____

Zip: _____

Significant Other/Spouse: _____

Primary Telephone #: _____

SO/Spouse Cell Phone: _____

Pets Information

1st Pets Name: _____

Please Circle Appropriate Item:

DOG / CAT MALE / FEMALE NEUTERED / SPAYED / UNALTERED

Breed: _____ Color: _____ Age: _____

2nd Pets Name: _____

Please Circle Appropriate Item:

DOG / CAT MALE / FEMALE NEUTERED / SPAYED / UNALTERED

Breed: _____ Color: _____ Age: _____

Reason for today's visit: _____



Payment: ALL FEES ARE DUE AT TIME OF SERVICE. We will gladly prepare a written estimate if you desire, please just ask us! We accept all major credit cards, cash, and check. There will be a service charge for any check returned unpaid. To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice.

Signature of authorized owner: _____ Date: _____