



Please tell us about yourself

Name of Primary Owner \_\_\_\_\_

Other Owners \_\_\_\_\_

Address \_\_\_\_\_  
Street city state ZIP

Best contact number (for us to call about your pet) \_\_\_\_\_

Other numbers to try \_\_\_\_\_, \_\_\_\_\_

Email (we won't spam!) \_\_\_\_\_

Work Phone \_\_\_\_\_, Where do you work? \_\_\_\_\_

How did you hear about Austin Vet Hospital? (circle) Drive by Web phone book newsletter  
Referral (who should we thank!) \_\_\_\_\_

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**Tell us about your pets!**

(#1)NAME \_\_\_\_\_ M or F / Cat / Dog or \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Birthday \_\_\_\_\_ (year is ok)

Spayed or Neutered? Y N Indoor only? Y N  
Anything special we should be aware of? \_\_\_\_\_

(#2)NAME \_\_\_\_\_ M or F / Cat / Dog or \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Birthday \_\_\_\_\_ (year is ok)

Spayed or Neutered? Y N Indoor only? Y N  
Anything special we should be aware of? \_\_\_\_\_

(#3)NAME \_\_\_\_\_ M or F / Cat / Dog or \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Birthday \_\_\_\_\_ (year is ok)

Spayed or Neutered? Y N Indoor only? Y N  
Anything special we should be aware of? \_\_\_\_\_

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Have more than 3 pets- cool! Let us know and we can get info on them too

**We do not offer billing. Full payment is expected at time of service.** Pets admitted to the hospital may require a deposit.

I give my permission to release vaccine history and limited medical information to pet care services (boarding kennels, obedience schools, groomers, etc).

Signed \_\_\_\_\_ dated \_\_\_\_\_

**Thank you!!**