



**canyon**  
ANIMAL CLINIC

**Welcome**  
Canyon Animal Clinic  
1834 FM 2673  
Canyon Lake, Texas 78133

**Thank you for giving us the opportunity to care for your pet.  
Please complete the following so we can establish records for your pet.**

**Client Information**

Owner(s): \_\_\_\_\_ Spouse: \_\_\_\_\_  
                    First                      MI                      Last

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ TDL# \_\_\_\_\_ Or SSN# \_\_\_\_\_

Email Address: \_\_\_\_\_

In case of emergency contact (Other than Self): \_\_\_\_\_ Ph: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Who?: \_\_\_\_\_

**Patient Information**

Pet # 1	Pet # 2
Name: _____	Name: _____
Breed: _____	Breed: _____
Color: _____	Color: _____
Birthdate/Approximate Age: _____ <input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed	Birthdate/Approximate Age: _____ <input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed
Last Vaccinations Given On: _____	Last Vaccinations Given On: _____
Heartworm Preventative Used: _____ Medications or Special Diet: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Heartworm Preventative Used: _____ Medications or Special Diet: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment or hospitalization. *There is a \$25.00 charge for all returned checks.* The undersigned is responsible for any collection costs incurred if this account is assigned to a collection agency.

Signature: **X** \_\_\_\_\_ Date \_\_\_\_\_