

Flint Veterinary Clinic
18421 FM 2493
Flint, TX
903 894-7278
Fax: 903 894-8499

Welcome to Our Practice!

Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you may have about your pet's health. To ensure the best care possible, please take the time to fill in this form completely.
 Thank you!

*******Client Information*******

Owner: _____ Spouse: _____

Address: _____ Apt #: _____ City/St: _____ Zip: _____

Primary Phone: _____ His: _____ Her: _____

Driver's License: _____ State: _____ Spouse Driver's License: _____ State: _____

Emergency Contact Name: _____ Phone: _____

Email: _____ **** Your email address will only be used by our clinic to provide you with appointment or vaccines reminders or other important information in regard to the health of your pet.****

How did you learn of our clinic? Yellow pages: _____ Sign: _____ Website: _____ Internet: _____

Other: _____ Referred by: _____

*******Patient Information*******

Number of: Dogs _____ Cats _____ Other (please specify): _____

Species (circle)	Pet's Name	Breed	Color	Date of Birth	Gender (please circle)	Current Medications
Dog Cat					Male Female Neutered/Spayed Y N	
Dog Cat					Male Female Neutered/Spayed Y N	
Dog Cat					Male Female Neutered/Spayed Y N	
Dog Cat					Male Female Neutered/Spayed Y N	

Is your pet microchipped ? Yes No

Last vaccines and where they were administered?: _____

Primary reason for visit today: _____

Authorization

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 treatment.

Signature of Owner: _____ Date: _____

Anticipated method of payment: Cash: _____ Check: _____ Credit card: _____ Care Credit: _____