## Jester Plaza Veterinary Clinic

Client and Pet Information

713-869-0202



## HOW DID YOU HEAR ABOUT US?

jesterplazavet@gmail.com

Other \_\_\_\_

Sign Print advertisement

Internet

## Direct Mail Website CI IENT INFORMATION

Friend

Client Name			······································		
	Last	First	First		
Address					
	Number and Street	City,	State	Zip Code	
Client Email Ac	ddress				
Client Phone					
_	Home	Work	Cell		
Spouse Phone					
•	Work	Cell			
Alternate Emer	rgency Contact				
	Nam		Phone Number		

## PET INFORMATION

	PET 1	PET 2	PET 3	PET 4
Name				
Dog or Cat				
Breed				
Color/Markings				
Age or D.O.B.				
Male or Female				
Spayed/Neutered?				
Microchip #				
May we take pictures of your pet for our website/social media?				
DO YOU HAVE A CURRENT FA	AMILY VETERINA	RIAN?		•
Would you like us to contact a previous vet for	records for your pet?	Clinic Name And Ph	one	

No 🗌 Yes

Number:\_

We will update your family veterinarian regarding your visit today.

I hereby authorize the staff of Jester Plaza Veterinary Clinic to render any treatment which is deemed necessary to the health of my pet(s) while in custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding with the treatment. I understand that I will be financially responsible for all emergency procedures including the Estimate of Charges provided to me in person or over the telephone. I understand that a deposit is required on all pets admitted to the hospital. I understand that professional fees are to be paid at the time of the service rendered and that should my account payments not be kept in in good standing, that my account may be forwarded to a third party collections agency which may affect my credit rating.