

**CROSSROADS ANIMAL HOSPITAL
651 HWY 71 W.
BASTROP, TX 78602
512-321-0506**



Thank you for entrusting us with your Pet's care today.

NEW CLIENT INFORMATION - MUST BE 18 YEARS OR OLDER TO CREATE AN ACCOUNT

F/L Name: _____ Spouse: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone #: _____ Cell #: _____
 Email: _____ SpouseCell #: _____
 Emergency Contact: _____ Phone# _____
Preferred Method of Contact: Home [] Cell [] Work [] Text [] Email []

How did you choose us for your pet's care? Please choose one:

[] Sign/Location [] Internet [] Yellow Book [] Website [] Other _____

If a referral who may we thank? _____

May we use a picture of your pet in future postings on our website or Facebook? YES [] NO []

ALL FEES ARE DUE AT THE TIME OF SERVICES RENDERED

Please indicate form of payment: Cash, Check, Visa, Mastercard, Discover, AMEX, Care Credit

Driver's License #: _____ DOB: _____
 Place of employment: _____ Work #: _____
 By signing, I agree to the terms of payment on my account. Signature: _____

PATIENT INFORMATION

	PET #1	PET #2	PET #3	PET #4
NAME				
DOG BREED				
CATS-DMS DMM,DML	CATS ARE DOMESTIC SHORT, MED OR LONG HAIR OR A SPECIFIC BREED(Siamese, Maine Coon, etc)			
DOB and/or AGE				
COLOR				
GENDER	FEMALE [] MALE []	FEMALE [] MALE []	FEMALE [] MALE []	FEMALE [] MALE []
	SPAYED (F) [] NEUTERED (M) []	SPAYED (F) [] NEUTERED (M) []	SPAYED (F) [] NEUTERED (M) []	SPAYED (F) [] NEUTERED (M) []

Staff Initials: _____

Date: _____