

# Animal Hospital of Georgetown

## NEW CLIENT FORM

Thank you for giving the Animal Hospital of Georgetown the opportunity to care for your pet(s). Please bring this form to your first visit.

### CLIENT INFORMATION

**NAME:** **SIGNIFICANT OTHER:**  
**ADDRESS:** **CITY/STATE/ZIP:**  
**PHONE:** **OTHER PHONE:**  
**EMAIL:** **HOW DID YOU HEAR ABOUT US?**

Payment is due at the time services are rendered. Payment can be made in the form of cash, check or credit card (MasterCard/Visa/Discover/American Express).

### PET INFORMATION

1. **NAME:** DOG/CAT  
**BREED:** MALE/FEMALE NEUTERED/SPAYED  
**COLOR:** AGE/DOB:  
**DATE OF LAST VACCINATIONS & HEARTWORM TEST:**  
**HEARTWORM PREVENTION MONTHLY: YES/NO PROHEART INJECTABLE: YES/NO**  
**CURRENT CONDITIONS BEING TREATED AND MONTHLY MEDICATIONS:**

2. **NAME:** DOG/CAT  
**BREED:** MALE/FEMALE NEUTERED/SPAYED  
**COLOR:** AGE/DOB:  
**DATE OF LAST VACCINATIONS & HEARTWORM TEST:**  
**HEARTWORM PREVENTION MONTHLY: YES/NO PROHEART INJECTABLE: YES/NO**  
**CURRENT CONDITIONS BEING TREATED AND MONTHLY MEDICATIONS:**

**PREVIOUS VET:**

**AUTHORIZE RELEASE OF RECORDS:**

ANIMAL HOSPITAL OF GEORGETOWN 108 WOODMONT DRIVE GEORGETOWN, TX 78628 (512) 863-0470