

Welcome To Acres North Veterinary Hospital Compassionate Care for Pets

Thank you for giving us the honor of caring for your pet. Please help us have a complete medical record and way to communicate with you by sharing important information that we will need to take care of your pet's needs as well as yours. To have an account, you **must** be 18 years of age or older. Please print in blue or black ink.

Last Name: _____ First Name: _____ Suffix: _____

Title: Dr. / Mr. / Mrs. / Ms. / Other _____ Date of Birth: _____

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone Numbers: Primary: _____ Work: _____

Cell: _____ Emergency: _____

Spouse First Name: _____ Last Name: _____

Spouse's Cell Number: _____ Work: _____

E-mail: _____

May we send text message updates & reminders to your cell phone? (Standard message rates may apply) Yes / No

Either are required: SSN: _____ DL State & #: _____

Employer: _____

Do you have a preferred Doctor: Dr. Mathre / Dr. Berry / Dr. Frana / No Preference

Whom May We Thank for Referring You? _____

Pet Information

Species	Name	Birth Date/Age	Gender	Spay or Neuter?	Breed	Color
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		

All fees are due at the time services are rendered. Estimates are provided whenever possible to discuss costs of care. We accept cash, check (no post-dated), Master Card, Visa, Discover, American Express, debit, and CareCredit. There is a \$30.00 returned check service fee. Any unpaid balances remaining are subject to service charges and handling fees. Your signature below indicates that you are the legal owner of the above described pet(s) and have reviewed this agreement in its entirety and that you agree with the financial policy. You also affirm that you are at least 18 years of age and above the legal age of majority in the state of Texas.

Signature: _____ Date: _____