

**Welcome!**

817-478-9238 | 5820 West I-20, Arlington, TX 76017 | [i20animal.com](http://i20animal.com)



Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete this information sheet.

**Client Information**

**Primary Name**

First: \_\_\_\_\_ Last: \_\_\_\_\_

**Secondary Name**

First: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: (used for reminders and updates) \_\_\_\_\_

**Phone Contact**

Primary: \_\_\_\_\_ - \_\_\_\_\_ Primary Alternative: \_\_\_\_\_ - \_\_\_\_\_

Secondary: \_\_\_\_\_ - \_\_\_\_\_ Secondary Alternative: \_\_\_\_\_ - \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

How did you hear about us? Referred by: \_\_\_\_\_

**Pet Information**

Pet's Name: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Spayed/Neutered: Yes \_\_\_\_\_ No \_\_\_\_\_ DOB/Approximate Age: \_\_\_\_\_

Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other (Specify) \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Markings: \_\_\_\_\_

If your pet is here for an emergency and would like I-20 Animal Medical Center to fax your pet's medical records to another veterinarian, please complete the following:

Clinic Name: \_\_\_\_\_ Doctor: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**Reason for Visit:** \_\_\_\_\_

I hereby authorize the veterinarian to examine, prescribe for, or treat the above patient. I assume responsibility for all charges incurred in the care of the animal. I also understand that all professional fees are due at the time services are rendered.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Office Use: CID# \_\_\_\_\_ Time: \_\_\_\_\_ Initials: \_\_\_\_\_