

I-20 Animal Hospital 3713 Fort Worth Highway Hudson Oaks, TX 76087 (817) 341-3331 www.I-20animalhospital.com

Client Information:		Date:	******	_
Owner's name:				
Spouse/Other owner:				
Address:	City	State	Zip	
Owners Phone Number:	Cell/Additio	nal Numbers:		
E-mail:	Owner	's Driver's License No.		
Owners Date of Birth:	Do you qualify for a	Senior Citizen Discour	nt: (65 or	older with ID)
Are you Active or Retired Military:	(Must show ID)			
How did you hear about us? Sign -	Internet - Refer	ral - Website - Me	ovie Theater -	Other -
If Referral who referred you -				
Who is your Primary Veterinarian or w	hat is the Clinic Nam	e:		
Do you want your pet's medical information	tion sent to your Primar	y Veterinarian? YES	NO 🗌	
Pet Information:				
Pet's name:	_ Species: Canine -	; Feline		
Breed:	Sex: Male Neut	ered 🗌 ; Female 🗌 Spa	ayed 🗌	
Color:A	.ge:	Last Vaccination Date:	į	
Vaccinations received:	Dru	g Allergies:		

Please read the following Authorization for Treatment:

- I am at least 18 years of age, financially responsible for this pet, and hereby authorize the staff at I-20 Animal
 Hospital to render any treatment that is deemed necessary for any of my pets' health while in the custody of
 the hospital.
- I understand that veterinary medicine is an inexact science and that no guarantee of successful treatment can be made.
- I understand that fees are to be paid at the time services are rendered and a deposit is required on all pets admitted to the hospital.
- I understand the hospital payment can be made with cash, check, credit card, and/or CareCredit with a form of personal identification.
- I understand that any outstanding balance will be subject to interest and billing charges and collection.
- I understand that there will be a \$35.00 fee for any returned checks.