

Stagecoach Pet Hospital

New Client Information Form

Stagecoach Pet Hospital office hours are Monday-Friday 7:00am-6pm, Saturday 8:00am-12:00pm Phone 254-200-2790

Owner _____ Spouse _____

Address _____ City _____ Zip _____

Cell Phone _____ Spouse's Cell Phone _____

Email _____ Pronoun Preference: He/Him She/Her They/Them

Military Yes ___ No ___ (Active/Retired/Prior) Preferred Method of Contact: Email ___ Text ___ Phone ___

How did you hear about us: (Circle one) Friend / Drive By /Walk In /Facebook /Instagram /Google /Website

I grant to Stagecoach Pet Hospital (SPH), its representatives and employees the right to take photographs of me and my pet(s). I authorize SPH, its employees and representatives to copyright, use and publish these photograph(s) in print and/or electronically. I agree that SPH may use such photographs of me and my pet(s) with or without my name and for any lawful purpose including for example such purposes as publicity, illustration, advertising and Web content.

*Signature _____ Printed Name _____ Date _____

NAME OF YOUR PET(S) | _____ | _____ | _____

Species (Dog/Cat)			
Breed			
Description (hair color)			
Date of Birth or Age			
Sex – Circle One	F, M, Spayed, Neutered	F, M, Spayed, Neutered	F, M, Spayed, Neutered
Current on Vaccines (Y or N)			
Current Medications			

Previous Veterinary Information _____

I authorize the veterinarians at Stagecoach Pet Hospital to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of my pet(s). I understand these charges will be paid for at the time of service. A deposit may be required for hospitalization or surgical treatment. I authorize the release of medical information to other veterinary hospitals, boarding facilities, groomers, and any other individual(s) that I authorize. I also understand that I can revoke permission at any time in writing. I will not hold SPH responsible for any medical information given to another Veterinary practice, groomer, or boarding facility.

*Signature _____ Printed Name _____ Date _____

I authorize Stagecoach Pet Hospital (SPH) to contact me via cellular phone, email address, or home address regarding my delinquent account(s) that I owe SPH. I authorize SPH and its agents, representatives, and attorneys (including collection agencies) to use automated telephone dialing equipment, artificial, or pre-recorded voice or text messages and personal calls and emails in their effort to contact me for purposes of collecting any portion of my account which is past due.

*Signature _____ Printed Name _____ Date _____