

# Forest Lake Animal Clinic

3942 NASA Parkway, Seabrook, Texas 77586

Phone: (281)-326-2576

## Client & Patient Registration Form

Thank you for giving us the opportunity to care for your pet.

Please complete the following information about you and your pet(s) accurately.

### Contact Information:

Client Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt./Unit #: \_\_\_\_\_

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

Primary Phone #: \_\_\_\_\_ Cell/Home Other Phone # \_\_\_\_\_ Cell/Home/Other

Email: \_\_\_\_\_

Did someone refer you? If so, please list their name. \_\_\_\_\_

### Pet Information:

Name	Species	Breed	Color	DOB/Age	Sex	Spayed/Neutered?
_____	Dog / Cat	_____	_____	_____	F / M	Yes / No
_____	Dog / Cat	_____	_____	_____	F / M	Yes / No
_____	Dog / Cat	_____	_____	_____	F / M	Yes / No
_____	Dog / Cat	_____	_____	_____	F / M	Yes / No

### Payment Policy:

**\*\*Our Office Does Not Offer Billing. Payment is Due on the Day of Service\*\***

We accept Cash, Check, Visa, Mastercard, Discover, American Express, & Care Credit

We will gladly prepare a written estimate, if you desire. Please ask our doctor during your appointment.

Please note that when writing a personal check, a copy of a valid drivers license will be needed for processing. There is a \$30.00 fee for a returned check in addition to the fees your bank may charge.

\*Client Initials: \_\_\_\_\_

### Social Media Release:

I grant permission for Forest Lake Animal Clinic to use photo's for the purpose of social media post (Facebook, & other sites)

\_\_\_\_\_ Use the image only

\_\_\_\_\_ Use the image & first name of pet

\*Client Initials: \_\_\_\_\_

### Authorization:

I, the undersigned owner or authorized agent of the above patients, hereby authorize the veterinarians of Forest Lake Animal Clinic to perform procedures therapeutically and/or diagnostically and furthermore understand that unforeseeable adverse reactions to treatments are always possible and I authorize treatment necessary should any reactions occur. I also assume responsibility for all charges incurred in the care of my animals. I also understand that these charges will be paid at time of release and that a deposit may be required for medical and/or surgical treatment.

\_\_\_\_\_  
Signature of Owner or Authorized Agent:

\_\_\_\_\_  
Date: