A L A M O • H E I G H T S • P E T • C L I N I C , I N C .
0 9 • K 9 • F E L I N E

Dan R. Kirby D.V.M. Claudia S. Alldredge, DVM

WELCOME TO OUR HOSPITAL

Thank you for choosing the Alamo Heights Pet Clinic, Inc. We want to know our clients and patients and ask that you please take a moment to fill out the information below as completely as possible. Please *print* clearly.

Home Phone:_____ Emergency Phone: _____ Cell Phone:_____
Name: ( ) Mr. ( ) Dr. ( )Mrs. ( ) Miss ( ) Ms. _____
Spouse: ( ) Mr. ( ) Dr. ( ) Mrs. ( ) Miss ( ) Ms._____
Physical Address:_____Apt. ____ City:_____ State: _____Zip: _____
Mailing Address (if different)_____City:_____ State: _____Zip: _____
E-mail address: _____
His Employer: _____ Business Phone: _____
Her Employer: _____ Business Phone: _____
May we call you at work? ( ) Yes ( ) No When is the best time to reach you at home? _____
How did you become aware of our clinic? ( ) Yellow Pages ( ) Location ( ) Dr. Kirby's KTSA 550 radio show
( ) Personal Recommendation - Whom may we thank? _____ ( ) Other _____

√ ALL FEES MUST BE PAID AT THE TIME SERVICES ARE RENDERED OR WHEN PET IS DISCHARGED FROM HOSPITAL.

• TDL: _____ • SSN (optional) _____
Preferred Method of Payment: ( ) CASH ( ) CHECK ( ) VISA/MC ( ) DISCOVER

Client is liable for legal and collection fees.

A deposit is required prior to treatment of major problems.
(written estimates will be provided upon request)

Name of Pet	Breed	Date of Birth	Sex	Neutered Yes No	Last Vacs (MO & YR)	Heartworm Prevention	Color/Description

PREAUTHORIZATION CONSENT FOR TREATMENT
(PLEASE READ AND SIGN)

As the owner or authorized agent of the above named animal, I hereby consent to the Alamo Heights Pet Clinic, Inc. and its designated Veterinarians or associates to administer treatments and to perform such procedures, including but not limited to anesthesia, surgery, bathing, and medical treatments as are considered therapeutically or diagnostically necessary for the care of my pet(s). I hereby permit the Alamo Heights Pet Clinic, Inc. and its assistants to perform any emergency procedures as are necessary to preserve the life of my pet(s) while in the care of the Clinic if I am unavailable for consent.

I understand that no guarantee for any medical treatments can be made and I am aware of the risks involved in any procedure involving anesthesia. I hereby release the Alamo Heights Pet Clinic, Inc. and its designated doctors or assistants from any and all claims, except claims for negligence, arising out of or connected with the performance of any treatments or surgery.

I also accept that anytime my pet(s) is(are) admitted to the Alamo Heights Pet Clinic, Inc. that external parasite treatment, if needed, will be performed at my expense. Vaccinations must be current and if my pet's health permits, updated at my expense if admitted to Alamo Heights Pet Clinic, Inc.

OWNER/AGENT_____ DATE: _____

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