

Avondale Haslet Animal Clinic  
1321 Avondale Haslet Road, Bldg. A  
Haslet, Texas 76052  
817-439-5252



Welcome to our clinic! Thank you for providing the following information.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ Home Phone \_\_\_\_\_

Work phone \_\_\_\_\_ Your Cell \_\_\_\_\_

Spouse/Significant other's name \_\_\_\_\_ Cell \_\_\_\_\_

Your E-mail \_\_\_\_\_ (We use this to send you reminders)

Your Employer \_\_\_\_\_

Your Driver's License # \_\_\_\_\_ (We will need to make a copy for identification purposes)

Were you referred to our practice? If yes, who referred you? \_\_\_\_\_

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**Pet's name:** \_\_\_\_\_ Species (Cat, Dog, etc.) \_\_\_\_\_

Breed: \_\_\_\_\_ Date of birth (or age): \_\_\_\_\_ Color: \_\_\_\_\_

Sex: Male  Neutered  Female  Spayed

Does your pet have a microchip? \_\_\_\_\_

\*Vaccine Documentation Provided: Yes  No

\*Documentation of Current Heartworm Test: Yes  No  Date Of Last Test: \_\_\_\_\_

List any allergies to medications: \_\_\_\_\_

List any Health Problems: \_\_\_\_\_

Do you have any other animals living at home with you? Please list: \_\_\_\_\_

Avondale Haslet Animal Clinic does not keep any credit/debit card information on file. In the event a telephone transaction needs to occur, I will provide you with the required credit/debit card information at the time of the transaction. My signature below serves as authorization to do so.

**\*\*ALL PAYMENTS ARE DUE UPON RELEASE OF THE PATIENT\*\***

**\*Official documentation of vaccine history (if any) must accompany the patient. Copies will be made and placed in this patient's chart to validate all previous vaccines. For the safety of this patient and all other patients in the care of Avondale Haslet Animal Clinic, all patients not current on their vaccines will be vaccinated accordingly.**

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date