

# WATAUGA ANIMAL HOSPITAL

7744 Denton Hwy. • Watauga, TX 76148 • Phone: (817) 427 – 1141 • Fax: (817) 427 – 8131

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## CLIENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_ Other Number: \_\_\_\_\_  
Which phone number is the best way to reach you? \_\_\_\_\_  
E-mail Address (to receive vaccination updates): \_\_\_\_\_  
Employer: \_\_\_\_\_  
Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_

## PET INFORMATION

Name: _____ CANINE   FELINE	Name: _____ CANINE   FELINE
Breed: _____ MALE Neutered	Breed: _____ MALE Neutered
Color: _____ FEMALE Spayed	Color: _____ FEMALE Spayed
Birthday (please estimate if unknown): _____	Birthday (please estimate if unknown): _____
Microchip Number: _____	Microchip Number: _____

Name of last animal clinic your pet(s) had services performed? \_\_\_\_\_ Phone: \_\_\_\_\_  
Does your pet have pet insurance? YES | NO If yes, Insurance Company: \_\_\_\_\_  
How did you hear about us? WEBSITE | INTERNET | SIGN | Other (please specify): \_\_\_\_\_

We will gladly prepare a written treatment plan, if requested. ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED!

We accept Cash, VISA, MasterCard, Am. Express, Discover, Care Credit and Scratch

\*\* In order to prevent the spread of infectious diseases, all patients staying in our facility must be current on all vaccinations and free from internal and external parasites. A signature below authorizes this level of preventative care and the appropriate charges will be assessed upon discharge. \*\*

Signature of client responsible for pet: \_\_\_\_\_