

# PET DOCTOR 911



Small and Exotic Animal Care for the Rio Grande Valley



## New Client Information

**Authorized owner must be at least 18 years of age.  
Information will only be provided to those listed on the account.**

**Owner Name:** \_\_\_\_\_ **Primary Phone Number:** \_\_\_\_\_  
**Secondary Owner:** \_\_\_\_\_ **Secondary Phone Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
**City & State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Car Make & Model:** \_\_\_\_\_ **Car Color:** \_\_\_\_\_

**Regular Vet Clinic:** \_\_\_\_\_ **If needed, may we obtain your pet's records from your regular vet? Yes / No**

**How did you hear about our clinic?:** \_\_\_\_\_

## New Pet Information

**Pet's Name:** \_\_\_\_\_ **Sex:**  Male  Female  
**Species & Breed:** \_\_\_\_\_ **Spayed / Neutered?**  Yes  No  
**Color:** \_\_\_\_\_ **Date of Birth/Age:** \_\_\_\_\_

**2nd Pet:** \_\_\_\_\_ **Sex:**  Male  Female  
**Species & Breed:** \_\_\_\_\_ **Spayed / Neutered?**  Yes  No  
**Color:** \_\_\_\_\_ **Date of Birth/Age:** \_\_\_\_\_

**Reason for Visit:** \_\_\_\_\_

I understand that I must remain on the premises while my pet is being examined.  
A hospitalization fee of \$45 will be applied to the final bill if I leave the premises during the exam.  
By signing below, I acknowledge that I have read, understood, and agree to the policies of Pet Doctor 911, which are found within this packet.

**Signature:** \_\_\_\_\_

Animal Medical Center of McAllen & Pet Doctor 911  
gladly accepts all major credit cards, checks, cash, and Care Credit.

**Payment is due in full at the time services are rendered.**

No refunds on any services already performed.

Client ID#: \_\_\_\_\_

Time: \_\_\_\_\_

Receptionist: \_\_\_\_\_

