

KEN W. OSBORNE, D.V.M.
CHAMPION WOOD ANIMAL HOSPITAL
NEW CLIENT / NEW PET FORM

Date: _____ E-mail Address: _____

Owner/Agents Name: _____ TDL#: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Are there other pets in your household? _____ If so, what and how many: _____

Name of Previous Vet: _____ Phone Number: _____

Pet Information

Vaccination History (INDICATE MONTH/YR)

Pets Name: _____

CANINE: Rabies: _____ DHPP: _____

Birth Date: _____

Lepto: _____ Coronavirus: _____ Lyme: _____

Species: _____ Breed: _____ Color: _____

Bordetella: _____ Other: _____

Sex: _____ Spayed/Neutered: _____

FELINE: Rabies: _____ Leukemia: _____

Microchip ID No.: _____

Respiratory (RCPC): _____ Other: _____

Medical Conditions

(allergies, drug reactions, heart conditions, etc)

Nutrition

Dry Brand: _____

Canned Brand: _____

Treats/Human Food: _____

Heartworm Prevention

On Prevention? _____ Last Tested: _____

If so, what type: _____

Dental Care

Do you brush your pets teeth? _____

How often: _____



CHAMPION WOOD
— ANIMAL HOSPITAL —



CHAMPIONWOODVET.COM
Please Sign Back of Form

Authorization Statement:

I, the undersigned, hereby authorize CHAMPION WOOD ANIMAL HOSPITAL to examine, prescribe for, and/or treat the above described pet. I assume responsibility for all the charges incurred in the care of this animal. I understand that a deposit may be required for surgical and/or hospitalization treatments and that payment in full is expected when the animal is discharged.

If the animal is not picked up after you have been notified or we are unable to contact you at the contact number, written notice will be sent to the address provided. Twelve days after the notice is issued the animal shall be deemed as abandoned and Texas guidelines regarding abandoned animals will be adhered to by CHAMPION WOOD ANIMAL HOSPITAL.

By signing this document, I attest that I have read and agree to the aforementioned conditions.

Signature: _____ Date: _____

How did you hear about us? _____

Please provide a copy of your drivers license for Identification Purposes.

CLINIC USE ONLY: