

Welcome to our practice at Braescroft Animal Clinic.
Please take a few minutes to fill out this form as completely as you can.
We look forward to being a partner in your pet's healthcare.

Client Information

Name _____

Address _____

City _____ State _____ Zip _____ Home Phone: _____

Cell Phone: _____ Work Phone _____ Ext _____

Spouse/Co-Owner _____ Phone _____

Preferred Method of Contact

Circle One

How to you prefer to be contacted for appointments? Email or Text

How do you prefer to be contacted for reminders? Email or Post Card

Email: _____ Text: _____

Who may we thank for referring you? _____

Payment is due at the time of service; We accept Checks, Cash, Debit and
All Major Credit Cards.

Patient Information

Pets Name _____ Dog Cat Other _____

Breed _____ Color _____

Sex: Male Female Neutered/Spayed Date of Birth _____
(Circle one)

Owner's Signature _____ Date _____

According to the Texas Veterinary Practice Act and Rules of Professional Conduct pertaining to client/veterinary confidentiality, information concerning the client or animal can be given out only with the client's permission. With the exception that veterinarians are free to disclose information regarding Rabies vaccines to governmental entities for purposes of protection of public health and safety.

I hereby authorize Braescroft Animal Clinic to reveal my name, address and telephone number(s) as well as my pet's vaccination dates and/or medical history to any inquiring kennel, grooming shop, veterinary clinic or government agency.

Owner's Signature _____ Date _____