

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.

Click here for New Client Deposit: <https://square.link/u/XQI5Kau>

**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 \_\_\_\_\_