

**NEW PATIENT AND CLIENT INFORMATION FOR MEDICAL RECORDS**

COLONIAL PARK VETERINARY HOSPITAL (940)-691-0261  
4713 TAFT BLVD WICHITA FALLS, TX 76308

**PLEASE FILL OUT COMPLETELY AND PRINT CLEARLY.**

**THANK YOU!**

**OWNER:**

NAME: \_\_\_\_\_ Drivers License # \_\_\_\_\_ State: \_\_\_\_\_

PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

PO BOX \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_

**ALTERNATIVE CONTACT:**

NAME: \_\_\_\_\_ Drivers License # \_\_\_\_\_ State: \_\_\_\_\_

PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**PET:**

NAME: \_\_\_\_\_ SPECIES: **[MARK ONE]** DOG CAT OTHER

BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_

AGE (APPROX): \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_ WEEKS BIRTHDATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**[MARK ONE]** SEX: MALE FEMALE  
**[MARK ONE]** IS YOUR PET: INTACT SPAYED / NEUTERED  
**[MARK ONE]** IS YOUR PET UP TO DATE ON VACCINATIONS? YES NO UNSURE  
**[MARK ONE]** DID YOU BRING PREVIOUS RECORDS WITH YOU TODAY? YES NO

**PREVIOUS VETERINARIAN:** \_\_\_\_\_

**REASON FOR TODAY'S VISIT:** \_\_\_\_\_

We pledge to do our very best to care for your pet's health needs. In return we ask you to accept the responsibility for charges incurred in the treatment of your pet and accept that:

THAT FEES ARE TO BE PAID AT THE TIME SERVICES ARE RENDERED. OUR OFFICE VISIT IS \$55. ANY OTHER SERVICES WILL BE IN ADDITION TO THAT AMOUNT. **[INITIAL]** \_\_\_\_\_

**PLEASE LET US KNOW IF THERE ARE ANY FINANCIAL CONSTRAINTS. IF THERE IS A FINANCIAL CAP TODAY, PLEASE LIST THE AMOUNT HERE: \_\_\_\_\_; UNDERSTAND THAT PUTTING "N/A" HERE GIVES US PERMISSION TO TREAT ACCORDING TO THE DOCTOR'S RECCOMENDATIONS. ESTIMATES ARE AVAILABLE UPON REQUEST.**

**[MARK ONE]** PAYMENT METHOD: CHECK \_\_\_\_\_ CREDIT/ DEBIT CARD \_\_\_\_\_ CARE CREDIT \_\_\_\_\_ CASH \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**SIGNATURE :** \_\_\_\_\_ **DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_