



Granbury Animal Clinic • 1319 Lipan Hwy • Granbury TX 76048

Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you have regarding your pet's health.

To insure the best care possible, please take time to fill in this form completely. Thank you!

REGISTRATION

Owner _____ DL #/State _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____

Spouse _____ Spouse's Phone _____

Emergency Contact _____ Emergency Phone _____

Email _____ Are you over 65 years old (senior) yes ___ no ___

How did you learn of our clinic? _ Yellow Pages _ Sign _ Recommendation _ Other _____

If recommended, by whom? _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat any pet on my account. I assume responsibility for charges incurred in the care of my animals. I also understand that these charges will be paid at the time of release and a deposit may be required for surgical/medical treatments.

Signature of Owner _____ Date _____

Method of Payment _ Cash _ Check _ Credit Card

PET INFORMATION- additional pets may be added on the reverse side of this page.

Canine ___ Feline ___ Other _____

Pet Name _____ Male ___ Female ___ Spay/Neuter ___

Breed _____ Color _____ Date of Birth/Age _____

Micro-chipped? yes ___ no ___ Have vaccines been give? If so where _____

Do we have permission to obtain your records from a previous clinic, if so where? _____

Any previous medical conditions, medications, allergies, aggressive behaviors or anything else we may need to know about? _____

Do we have permission to photo your pet and share it on our Facebook/website? yes ___ no ___