

Allandale Veterinary Clinic
6800 Burnet Road, Suite 1
Austin, Texas 78757

Date _____
Owner's Name _____ Spouse/Other _____
 Children (first name and ages) _____
 Address _____ City _____ ST _____ Zip _____
 Home Telephone _____ Work Telephone _____ Cell _____
 Employer (optional) _____
 E-mail Address _____
 In case of EMERGENCY, please call _____ at _____

How did you become aware of our clinic? Clinic Sign Yellow Pages Webpage
Referred by _____

Pet Information:

Pet's Name _____ Species _____ Breed _____
 Color _____ Age (DOB) _____ Sex _____ Altered _____
 Pet's Name _____ Species _____ Breed _____
 Color _____ Age (DOB) _____ Sex _____ Altered _____

Vaccinations	Date
DA2LPP/FVRCP	
Bordetella	
Rabies	
Feline Leukemia	
Heartworm Test	
Felv/FIV Test	
Fecal	

Name of current or previous veterinarian _____
 Is your pet currently on medications? _____
 Drug Allergies? _____
 Does your pet have a microchip? _____ Number _____
 Would you like a microchip? _____

Permission to release medical records to other clinics, kennels, insurance companies, etc?

yes no

ALL FEES ARE DUE AND PAYABLE UPON COMPLETION OF SERVICES

Method of payment : Cash Visa Mastercard No checks accepted.

Credit card number _____ Expiration _____

Drivers License _____

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat, or perform surgery upon the pet(s) listed above. Furthermore, I agree to pay fees for all services rendered at the time the pet is discharged from clinic.

Signature _____ Date _____

In the event your pet needs after hours care we recommend the Emergency Animal Hospital of Northwest Austin at 331-6121.