



3518 E. Rancier Ave., Killeen, TX 76543

Owner: _____ Partner/Spouse: _____
 First M.I. Last First M.I. Last

Address: _____
 Street Apt # ZIP City State

Email: _____ (This is only used to send you reminders for your pet)

Home/Cell: _____ Spouse/Partner's Cell: _____

We will need to make a copy of a State Issued ID for your medical record.

How did you become aware of our hospital?

Google Drive-By Referral (By whom: _____) Other: _____

ALL FEES ARE DUE FOR SERVICES PERFORMED

PET INFORMATION

Pet's Name			
Species (Canine, Feline, Reptile, etc)			
Breed (Lab, Pitbull, DSH, etc)			
Color/s			
Date of Birth			
Sex			
Altered (is she/he spayed/neutered?)			

CLIENT RIGHTS TO PRIVACY

INITIALS: _____ Section 18E of the Texas Veterinary Licensing Act (V.A.C.A. Art. 8890) protects your privacy by prohibiting disclosure of your pet's health care records (including rabies & other immunizations) without your authorization. Your signature on this release form will help us verify vaccination & general health information to individuals such as groomers, kennels, or other clinics.

INITIALS: _____ I am the owner or an agent for the owner of the above described pet/s. I have the authority to execute this consent & am over the age of eighteen (18). I consent to and authorize the performance of operation/s, treatment/s, anesthesia, boarding, bathing, grooming, & general health care by the East Lake Veterinary Center staff. East Lake Vet Center is to use all reasonable precaution against injury, escape, or death of my pet/s. I ASSUME LEGAL RESPONSIBILITY FOR THE PAYMENT OF ALL BILLS CHARGED IN TREATMENT OF MY PET/S.

SOCIAL MEDIA CONSENT: I authorize East Lake Veterinary Center to can use photo's taken of my pet for promotional and/or advertising purposes including, but not limited to the clinic's website, Facebook page, or other social media pages.

I Do I Do Not

By signing below, you are indicating that the above information is accurate & true.

 Signature Printed Name Date