



Vista Vet Animal Hospital & Pet Lodge  
5120 N. A. W. Grimes Blvd.  
Round Rock, TX 78665  
512-240-7070

**Client/ Owner Information**  
**\*\*Please fill out front and back\*\***

Client Name: \_\_\_\_\_ Co-Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

<input type="checkbox"/> Home	<input type="checkbox"/> Cell Phone: _____	Contact Name: _____
<input type="checkbox"/> Home	<input type="checkbox"/> Cell Phone: _____	Contact Name: _____
<input type="checkbox"/> Home	<input type="checkbox"/> Cell Phone: _____	Contact Name: _____

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*Referral*

How did you hear about us?

<input type="checkbox"/> Yelp	<input type="checkbox"/> Facebook	<input type="checkbox"/> Community Impact	<input type="checkbox"/> Drive By	<input type="checkbox"/> Live Nearby
<input type="checkbox"/> Our Website	<input type="checkbox"/> Nextdoor	<input type="checkbox"/> Google	<input type="checkbox"/> Door Hanger	<input type="checkbox"/> Outside Signage
<input type="checkbox"/> Family/Friend: _____	<input type="checkbox"/> Other: _____			

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*Records*

Previous animal hospital/veterinarian information:

Name of Clinic/Doctor: \_\_\_\_\_

City/state of clinic/doctor: \_\_\_\_\_ May we request a copy of records? \_\_\_\_\_

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Payment is due in full at the time of service. I am the owner or authorized agent of the pet (s) mentioned and accept full responsibility for all costs incurred. I understand that as a condition of treatment by this hospital, any financial arrangements need to be made in advance. Certain procedures and services may require a deposit (cash or credit only), with the remaining balance paid in full at the time of release. For your convenience, we also accept the following forms of payment: Cash, Checks, Visa, Mastercard, Discover and American Express. **We do not accept Care Credit.**

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-owner: \_\_\_\_\_ Date: \_\_\_\_\_

## **Pet Information**

We would love to have a picture of your pet as part of our records! Please email the image to [info@vistapetvet.com](mailto:info@vistapetvet.com) and include your name and your pet's name.

**Pet Name:** \_\_\_\_\_

Dog

Cat

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Date of Birth or Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Spay/Neutered? \_\_\_\_\_

Is your pet microchipped? \_\_\_\_\_

**Pet Name:** \_\_\_\_\_

Dog

Cat

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Date of Birth or Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Spay/Neutered? \_\_\_\_\_

Is your pet microchipped? \_\_\_\_\_

**Pet Name:** \_\_\_\_\_

Dog

Cat

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Date of Birth or Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Spay/Neutered? \_\_\_\_\_

Is your pet microchipped? \_\_\_\_\_

**Pet Name:** \_\_\_\_\_

Dog

Cat

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Date of Birth or Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Spay/Neutered? \_\_\_\_\_

Is your pet microchipped? \_\_\_\_\_

**Pet Name:** \_\_\_\_\_

Dog

Cat

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Date of Birth or Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Spay/Neutered? \_\_\_\_\_

Is your pet microchipped? \_\_\_\_\_



## Photo Release

Vista Vet Animal Hospital & Pet Lodge  
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Permission to Use Photograph

Pet Name (s): \_\_\_\_\_

Owner Name (s): \_\_\_\_\_

I grant to Vista Vet Animal Hospital & Pet Lodge, its representatives and employees the right to take photographs of me, my pet(s), and my property in connection with the above-identified patient(s)/pet(s), its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Vista Vet Animal Hospital & Pet Lodge may use such photographs of me with or without my name for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I have read and understand the above:

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_