



Central Texas  
**VETERINARY SPECIALTY**  
HOSPITAL

Powerful medicine. Exceptional care.

**CLIENT INFORMATION**

Name \_\_\_\_\_ Spouse/Other \_\_\_\_\_

Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell 1 \_\_\_\_\_ Cell 2 \_\_\_\_\_

Employer: \_\_\_\_\_ Wk# \_\_\_\_\_

E-Mail address: \_\_\_\_\_

DL# \_\_\_\_\_ Expires \_\_\_\_\_ State \_\_\_\_\_ Social Security# \_\_\_\_\_

(Required if paying by check)

**PATIENT INFORMATION**

Pet's Name \_\_\_\_\_ Age/DOB \_\_\_\_\_ Color \_\_\_\_\_

Breed \_\_\_\_\_ Please circle: Canine or Feline **and** Male *Neutered Male* Female *Spayed Female*

Vaccines Current: Y or N Date of last Rabies vaccination \_\_\_\_\_

Referring Veterinarian \_\_\_\_\_ Clinic/Hosp Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Reason for Referral \_\_\_\_\_

Has your pet been treated for any illnesses in the past year? If yes, please note problem(s) & treatment(s)

Did your referring veterinarian send you with (please circle) X-Rays Records

I give CTVSH, LLC permission to post appropriate photos of my pet on social media sites (Facebook, Twitter, etc)

Signature \_\_\_\_\_ Date \_\_\_\_\_

*NOTE: Each department of our hospital specializes in a specific area. If your pet has any problems not related to our specialty, you should consult with your family veterinarian for those problems.*

*"I, the undersigned, understand that no guarantee may be made as to the results obtained from medical/surgical treatment, Furthermore, I assume financial responsibility for all charges incurred in the care of this pet. I understand that these charges must be paid in full at the time this pet is discharged/released. The hospital has the right to retain possession of the pet until all bills are paid in full. A deposit may be required for all hospitalized animals."*

Signature of owner or responsible agent \_\_\_\_\_ Date \_\_\_\_\_