



Meadow Brook Animal Hospital
 1400 South Custer Road
 McKinney, TX 75070
 972 529-5033

Preston Road Animal Hospital
 6060 LBJ Freeway
 Dallas, TX 75240
 972 239-1309

New Client and Patient Information

Today's Date:	Office Location: <input type="checkbox"/> Meadow Brook (McKinney) <input type="checkbox"/> Preston Road (north Dallas)
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Client Information

Last Name	First Name	Middle Initial
Full Name of Spouse or Other Pet care giver		
Mailing Address		Apartment #
City	State	Zip / Postal Code
Primary Telephone? <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	Home Telephone	Work Telephone
Email address		Mobile Phone
		Driver's License No. (Please allow receptionist to verify your Driver's License)

How Did You Find Out About Us? Please check all that may apply.

<input type="checkbox"/> Recommended by a friend or neighbor. 🗨️ Whom may we thank for the recommendation? _____
<input type="checkbox"/> Recommended by a pet store or breeder. 🗨️ Whom may we thank for the recommendation? _____
<input type="checkbox"/> Internet Search <input type="checkbox"/> Social Media <input type="checkbox"/> Online review site <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Outdoor Sign <input type="checkbox"/> Direct Mail, coupon

Pet 1 information

Pet Name	Pet species (Dog, cat, ferret, reptile, etc.)	Pet's breed (& Leg Band # if bird)	Pet's Color / Markings
Birth date	Gender (m/f)	Spayed or Neutered?	Used for Breeding?
Date and Reason for Last Visit to a Veterinarian			

Pet 2 information

Pet Name	Pet species (Dog, cat, ferret, reptile, etc.)	Pet's breed (& Leg Band # if bird)	Pet's Color / Markings
Birth date	Gender (m/f)	Spayed or Neutered?	Used for Breeding?
Date and Reason for Last Visit to a Veterinarian			

Pet 3 information

Pet Name	Pet species (Dog, cat, ferret, reptile, etc.)	Pet's breed (& Leg Band # if bird)	Pet's Color / Markings
Birth date	Gender (m/f)	Spayed or Neutered?	Used for Breeding?
Date and Reason for Last Visit to a Veterinarian			

Please read the following carefully and then sign below indicating agreement. Without the these consents, guarantees, and agreements, no pet may be admitted, checked-in, boarded, hospitalized, tested, treated, evaluated or left for pet grooming at this facility. We regret that we must insist on this. Thank you for your understanding.

OK to Treat My Pets.

I hereby consent to evaluation, testing, and treatment of my pet(s), including the dispensing and administration of medications and anesthetics along with other veterinary medical and surgical procedures, as may be determined to be necessary and desirable by my Chastain Veterinary Medical Group veterinarian, or those under his/her supervision.

OK to Obtain Previous Veterinary Medical History.

I authorizes Chastain Veterinary Medical Group at Meadow Brook Animal Hospital (MBAH) and/or Chastain Veterinary Medical Group at Preston Road Animal Hospital (PRAH) to acquire copies of any previous veterinary medical records which may exist elsewhere, and which pertain pets that I own. I understand that this information will be held in strictest confidence and is requested for internal use only, in order to maintain continuity of veterinary healthcare for my pet(s).

OK to Celebrate the Human Animal Bond.

I grant the Chastain Veterinary Medical Group permission, at its discretion, to post my pet's picture, brief story, and summary medical information on social media.

Minimum Immunization Requirements for Admission.

I understand that in order to help prevent the spread of infectious, contagious and communicable disease it is the policy of the Chastain Veterinary Medical Group that all dogs, cats, and ferrets, that are hospitalized, boarded, presented for grooming or admitted for any reason **MUST BE CURRENT ON ALL STANDARD IMMUNIZATIONS AND FREE FROM INTERNAL AND EXTERNAL PARASITES**. I understand that if my pet is admitted or checked in to the facility and my pet is not up to date on the community standard vaccinations, then he/she will be vaccinated as appropriate and/or treated for external parasites at the pet owner's expense, if the pet's health status permits in the exercise of the judgment of the attending veterinarian.

Payment for Services.

I, the undersigned guarantor, assume financial responsibility for payment of all fees for services rendered to any and all of my pets by Chastain Veterinary Medical Group at Meadow Brook Animal Hospital and/or Chastain Veterinary Medical Group at Preston Road Animal Hospital. I understand that payment is due at the time services are rendered. I also understand that if the charges for my pets are not paid in full at the time services are rendered, my account could be subject to referral to a third party for collection with all reasonable collection fees becoming the responsibility of the undersigned guarantor. I understand that a returned check fee of \$20.00 will be assessed for each non-sufficient funds check given to MBAH and/or PRAH.

I agree that if I leave my pet in the care of any of the Chastain Veterinary Medical Group facilities for any reason and have not picked my pet up with-in twelve (12) days of the agreed upon discharge date or made alternative arrangements with the Chastain Veterinary Medical Group for the pet's disposition within that time, then the pet may be assumed to have been abandoned by me, and the veterinarians of the Chastain Veterinary Medical Group are hereby authorized to dispose of the pet in whatever manner they deem appropriate, consistent with law.

I certify that I am the owner of the above described pet, or the owner's legal representative, or that I am duly authorized by the owner to act as his/her general agent to execute this document and accept its terms. I certify that I have read the above and foregoing New Client and Pet Information form, that all the blanks were correctly filled in, and that I understand the contents and meaning of this document.

Owner, Legal Representative or
Owner's Authorized General Agent

relationship to pet owner

Date

CVMG staff