

Bowie Drive Animal Hospital

824 S. Bowie Drive
Weatherford, TX 76086
(817) 599-6000
Christy Rutherford, DVM
New Client Form

Date: _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Primary Contact Number: _____ (cell - home - work)

Additional Number: _____ (cell - home - work)

Drivers License Number and State: _____

E-mail Address: _____

Pet #1:

Name: _____ **Breed:** _____

Color: _____ **Sex:** _____ (M/F) **Spayed/Neutered?** _____ (y/n)

Age/Birthdate: _____

Pet #2:

Name: _____ **Breed:** _____

Color: _____ **Sex:** _____ (M/F) **Spayed/Neutered?** _____ (y/n)

Age/Birthdate: _____

I authorize the veterinarian to examine, prescribe for and/or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this/these pet(s), and authorize that I am over the age of 18 and acting as legal gaurdian of this/these pet(s). I also understand that these charges will be paid at the time of release and that a deposit may be required for extensive treatment or surgery.

We reserve the right to add collection fees to your account and verify credit.

Signature of Responsible Client: _____ **Date:** _____