

Hill Country Animal Hospital



103 Wolfe Rd. Copperas Cove, TX 76522
Pet Medical and Surgical Practice
(254) 547-8881
Kevin E. Kruse, DVM

Welcome

We are pleased to welcome you to our practice. So that we may get acquainted and better serve your pet's needs, please complete the following. We look forward to serving your pet's health needs.

Client Information

Date _____

Name Last _____ First _____ Initial _____

Address _____ Date of Birth _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Pager/Cellular _____ E-mail address _____

Employer _____ Address or Unit _____

Social Security # _____ Driver's License # _____

Spouse/Co-Owner Last _____ First _____ Initial _____

Date of Birth _____ Work Phone _____

Employer _____ Address or Unit _____

Social Security # _____ Driver's License # _____

How did you learn about our practice? Sign/Drove By CenturyLinkYP Yellowbook YP
 Internet Personal Referral (whom may we thank?) _____

If you are interested in receiving reminders for annual examinations, vaccinations, monthly heartworm and flea preventative treatment or other needed services via E-mail, please initial here. _____

I authorize Hill Country Animal Hospital to release my pet's vaccination records only to animal control officers, groomers and other animal hospitals if needed to verify vaccination status. Please initial here _____

Authorization

I hereby authorize the staff of Hill Country Animal Hospital to examine, prescribe for and/or treat the above pet. I understand that I assume responsibility for all charges incurred in the treatment of my pet. I also understand that **full payment is due at the time services are rendered, by cash, check or credit card.** I also understand that a deposit may be required on extended treatment cases, or major surgeries.

Signature of person responsible for pets _____ Date _____

Please fill out pet information on back of form for each pet. If additional needed, please ask for another form.

Pet Information

Pet's Name _____ Dog Cat Sex M F
Age _____ Birth Date _____ Breed _____ Color _____
Neutered/Spayed Yes No At what age? _____
At what age was pet obtained? _____ From: Friend Breeder Humane Society Pet Store Other
Reason for obtaining pet Companionship Breeding Protection Show
Describe your pet's diet Canned Dry Semi-Moist Brand _____
List any current medications, including heartworm and/or flea preventative _____

List any major medical illnesses, surgeries and/or allergies _____

Your pet's vaccination status with dates.

Rabies (Canine/Feline) _____ DHLPP (Canine) _____ Kennel Cough (Canine) _____ Lymes (Canine) _____
FVRCP (Feline) _____ Feline Leukemia Vacc _____ FIP (Feline) _____
Fecal (Canine/Feline) _____ Heartworm Test (Canine) _____ Feline Leukemia Test _____

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