



New Patient Form

301 North US Hwy 287 • Mansfield, TX 76063
817-473-7838 • 817-473-2738 (fax)
www.MansfieldAnimalER.com

Date ____/____/2017

Owner:

(must be eighteen years of age or older)

Primary Contact: _____ Secondary Contact: _____
(First) (Last) (First) (Last)

Address: _____
(Street) (City) (State) (Zip)

Phone Numbers: () _____ () _____ () _____
(Primary) (Secondary) (Alternate)

E-mail address: _____ Place of Employment: _____

Please list below the name(s) of anyone else authorized to make decisions or access your pet's medical information/status:

How did you become aware of our clinic?

Veterinarian Internet Drove By Yelp Phone Book/YP.com Newspaper
Personal Recommendation Other _____

If we were recommended to you, whom may we thank? _____

Pet:

Pet's Name / Nickname _____ Age or Date-of-Birth _____

Dog Cat Other _____ Male Female Altered (spayed or neutered)? Yes No

Breed _____ Color _____

Which veterinary clinic(s) do you typically see? _____

Please tell us briefly the reason for your pet's visit _____

All Fees are Due at the Time Services are Rendered. It is understood that an estimate of charges will be given for services. No guarantee or assurance can be made as to the results that may be obtained. Further, I understand that a deposit of 100% may be required before services are performed, and I assume full financial responsibility for all charges incurred as a result of my pet's treatment and care. I realize that these charges may exceed a given estimate if complications arise. I understand that I will be contacted prior to treatment, if possible, should complications occur.

I have read and agree to the statements above _____

(Owner / Authorized Agent Signature)