

# Welcome To Our Practice

*Thank you for choosing Hill Country Animal Hospital. Our primary mission is to deliver the best and most comprehensive veterinary care for your pet now and in the future. Please take a moment to share some important information.*

(Circle One) Dr. Mr. Mrs. Ms. Miss

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

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

E-Mail \_\_\_\_\_ *\*\*E-Mail is used solely for reminders and alerts and will not be solicited.\*\**

Employer \_\_\_\_\_ Spouse's Employer \_\_\_\_\_

How did you select Hill Country Animal Hospital?

- Individual; Who may we thank? \_\_\_\_\_
- Yellow Pages
- Internet/Website
- Welcome Letter
- Hospital Sign
- Other, please state: \_\_\_\_\_

*LATE POLICY: Depending upon the nature of your appointment, if you arrive late, you may be asked to reschedule. Late and/or missed appointments may result in alternate scheduling and a "no-show" fee.*

*FINANCIAL RESPONSIBILITY: For your convenience we will prepare an itemized Health Care Plan (Please ask your doctor or nurse). This is important to you because all fees are due at the time services are rendered. There will be a \$25.00 fee for any check returned.*

*PRIVACY POLICY: Upon request, we may release your pet's medical history and/or vaccine history to other veterinary clinics or boarding facilities. We will not release your personal information without your permission. Please initial if you would like your phone number to be released to someone who finds your lost pet. \_\_\_\_\_*  
Initials

*By signing below, you are agreeing to and will abide by the above stated policies.*

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

Cat	Dog	Pet's Name	DOB/Age	Sex (M/F)	Spayed/ Neutered	Breed/Color