



Crestview Veterinary Clinic

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New Client Form

Welcome to Crestview Veterinary Clinic! We are so happy that you and your pet are here!

PLEASE WRITE YOUR CONTACT INFO LEGIBLY TO ASSURE YOU CAN BE REACHED TO RECEIVE YOUR PET'S RESULTS OR IN CASE OF EMERGENCY

Client Name: _____ Spouse/Secondary Owner: _____

Home Address: _____

City _____ State _____ ZIP _____

Primary Phone: _____ Secondary Owner Phone: _____

email: _____

*Do you prefer updates/reminders via text or email? Please pick ONE and include best phone OR email to receive communications _____

Please tell us how you found our clinic:

- Live in the neighborhood
- Veterinary referral _____
- Internet site _____
- Pet Store referral _____
- A Friend referred me _____

Payment is due as services are rendered. Payment is accepted in the form of VISA or MASTERCARD, AMERICAN EXPRESS or personal check, ****PLEASE NOTE - NO CASH ACCEPTED.**** New client/new patient medical concern cases and surgeries/anesthetic procedures will require a 50% deposit (credit card only) in advance of medical treatment. To avoid misunderstandings, we urge you to discuss all recommended treatment with the doctor or fees with the technician before services are performed.

I have read and agree to the payment policy. I understand that payment in full will be due at the time services are performed, or before my pet leaves the hospital. I verify that all personal information above is correct.

Signature: _____ Date: _____