South Texas Veterinary Ophthalmology

NEW CLIENT REGISTRATION FORM

(3-pages)

Date: _____

CLIENT INFORMATION

Owner Name: _____

Spouse's Name: _____

TX Drivers License #: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Pager Number: _____

Email Address: _____

Emergency Contact Information in case we cannot reach you:

Name: _____

Relationship to You: _____

Phone Number: _____

PATIENT INFORMATION

Dog ☐ Cat ☐ Other _____

Pet Name: _____

Sex: Male ☐ Neutered ☐ Female ☐ Spayed ☐

Weight: _____ Breed: _____

Age/DOB: _____ Color: _____

Your Regular Veterinarian: _____ Number: _____

Continue to Page 2

Is your pet currently on any medications? Yes ☐ No ☐

If yes, please list the name of medication(s), frequency and dosage:

_____

_____

_____

_____

Reason for Visit:

_____

_____

_____

_____

Please list any other health problems:

_____

_____

_____

_____

Additional notes for our doctors:

_____

_____

_____

_____

How do you wish to pay for services? We accept the following:

Cash ☐ Personal Check ☐ Care Credit ☐

Master Card ☐ Visa ☐ Discover ☐ American Express ☐

Please note, full payment is expected when the patient is released from the hospital. A DEPOSIT EQUAL TO THE LOW END OF THE ESTIMATED CHARGES IS REQUIRED PRIOR TO SURGERY.

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South Texas Veterinary Ophthalmology
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