



2500 E. Hwy 290  
Dripping Springs, TX 78620  
TEL: (737) 260-0266  
EMAIL: [admin@lonestarvetcare.com](mailto:admin@lonestarvetcare.com)  
WEB: [www.lonestarvetcare.com](http://www.lonestarvetcare.com)

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## Client Information Form

Today's Date: \_\_\_/\_\_\_/\_\_\_

Mrs. \_\_\_ Ms. \_\_\_ Mr. \_\_\_ Dr. \_\_\_

First name: \_\_\_\_\_ MI: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (Please \* your preferred primary contact)

Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

### How did you hear about us?

Drive-by/Hospital sign \_\_\_ Internet search \_\_\_ Magazine/ mailing \_\_\_ (which one? \_\_\_\_\_)

Personal recommendation \_\_\_ (Whom can we thank? \_\_\_\_\_)

Other: \_\_\_\_\_

### Method of payment today

Payment is required at the time of service. For your convenience, we accept Mastercard, Visa, or cash.

### How much information do you want to be given about your pet's health?

I want a full explanation—anything and everything.

I want a brief explanation—keep it simple.

### Consent

You will be asked to sign a health plan confirming authorization of treatment after a tentative diagnosis. The details of treatment, the risks of treatment, and/or the risk of not treating will be explained to you.



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**Pet information**

Name: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_

Species (cat, dog, etc.): \_\_\_\_\_ Breed: \_\_\_\_\_

Color \_\_\_\_\_ Sex: Male  Female  Spayed/neutered? Yes  No

Is your pet currently taking any medications (including heartworm prevention, flea/tick prevention, vitamins and supplements?) Yes  No  (If yes, please list: \_\_\_\_\_)

Does your pet have allergies? Yes  No  (If yes, please list \_\_\_\_\_)

Has your pet ever had a reaction to vaccines or medications? Yes  No  (If yes, please list: \_\_\_\_\_)

List any behavior problems we need to be aware of:  
\_\_\_\_\_

List any previous veterinary hospitals that we may contact for medical and vaccination history:  
\_\_\_\_\_  
\_\_\_\_\_

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**Photo Release:**

I grant Lone Star Animal Hospital, its representatives and employees the right to take photographs of me and/or my pet, and to copyright, use and publish the same in print and/or electronically. I agree that Lone Star Animal Hospital may use such photographs of me and/or my pet with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

- The above may take photos of me and/or my pet
- The above may NOT take photos of me and/or my pet

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_