



**Silverlake Animal Hospital
Client Information Sheet**

10015 Broadway St. Suite G
Pearland, TX 77584
(713) 436-9400
Fax (713) 436-3598
www.pearlandvets.com

Client Information:

Your Last Name Your First Name Your Date of Birth (Required) Social Security#(optional)

Address City State Zip Code

Primary Contact Phone # Your Employer's Name Email Address (Important for Exam Report Cards)

Alternate Contact Name & Relationship Alternate phone #/Name Alternate phone #/Name

We are moving forward with a more eco-friendly practice & are now offering text reminders for appointments.
Do we have your permission to text you? Yes or No

We love to stay connected with our clients by sharing patient photos & stories on social media.
May we share your pet's photo? Yes or No

How Did You Hear About Us?

Website Google Hospital Sign Facebook Professional/Other _____

Personal Referral - Whom may we thank & reward? _____)

Method of Payment:

For your convenience, we accept MasterCard, Visa, American Express, Discover, Care Credit, Apple Pay & Cash

Pet Information:

Name & number of previous clinic(s) for care or vaccines: _____

Pet's Name	Breed and Color	Date of birth or approx. age	Male or Female? Spayed or Neutered?	Any previous surgeries or illnesses?	Is your pet microchipped? (We can scan)	History of reaction to vaccines?	Any behavior challenges we should be aware of?

Authorization/Consent of Responsible Party

I, the undersigned, do hereby certify that I am the owner and am assuming responsibility for the animal being presented to Silverlake Animal Hospital for treatment/care. I hereby consent and authorize Silverlake Animal Hospital to request medical information, prescribe for, and treat my pet as indicated.

**** Payment is required at the time of service. Any unpaid balances are subject to finance charges and a collection fee up to 40% of the balance owed. I have been notified of these fees and will assume financial responsibility.**

Appointment Policies

There is a monetary deposit required when scheduling appointments for sedation/anesthetic procedures. We require 24hrs notice for rescheduling or cancellation all appointments. (Appointment deposits will be forfeited if 24hrs notice is not communicated). Any no-show appointments will result in a pre-payment deposit requirement for all future appointment before we can schedule. I understand and agree to all the above policies for Silverlake Animal Hospital.

Signature: _____ Date _____