



Paws N Hooves Veterinary Hospital

3233 N. Mesa St. Suite 210, El Paso, Texas 79902

Phone: (915) 584-4491 Fax: (915) 584-4493

Email: info@pnhvet.com

Helping El Paso Help Their Pets Through High Quality Medicine and Education!

New Client Form

Name: _____ Title: Mr./Ms./Mrs./Dr.

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ May we send you text messages? Yes No

Home Phone: _____ Additional Phone: _____

Email Address: _____ May we send you email messages? Yes No

Is there anyone you would like to authorize to have access to your pet(s) records and be able to bring your pet(s) into Paws N' Hooves Veterinary Hospital and/or Paws N' Hooves Mobile Veterinary Services?

First Name: _____ Last Name: _____ Phone: _____

How did you hear about us? (Please only check one)

- Snapchat Twitter Pinterest Youtube Newspaper
 Facebook Radio Newspaper Billboard Clinic Sign
 Instagram Craigslist Groupon Yellow Pages El Paso Pet Guide
 Pets Barn (location: _____) Online (Website: _____)
 Current Employee (Name: _____) Current Client (Name: _____)
 Other Veterinarian (Who?: _____) Flyer (Where: _____)
 Other (Specify: _____) Event (Where: _____)

I Authorize Paws and Hooves Veterinary Hospital to use photos/videos of my pet taken while at our clinic with or without my name for any lawful purpose, including but not limited to purposes such as hospital procedures, live surgery, social media (Facebook, Snapchat, Instagram, Pinterest), publicity, illustration, advertising, education and/or web content.

Yes I give consent _____ No I do not want my pet photographed and/or featured in any videos _____

Our Pet is Family Member Child's Pet Backyard Pet

FULL PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED

Type of payment: Cash Credit Card (Visa/MasterCard/Discover) Care Credit

Must present photo ID when paying with Visa, MasterCard, Discover, or Care Credit

By signing below, I understand that Paws and Hooves Veterinary Hospital **DO NOT** offer payment plans of any kind. I also understand that if I do not pay this account as agreed, my past due account is subject to costs of collection, including interest and attorney fees. I understand that the clinic staff will provide an estimate of current and anticipated charge at any time I request them. I am requesting that veterinary care be provided for pets presented by me or anyone I authorize to bring in my pet. I understand that I am financially responsible for all services provided.

Signature: _____ Date: _____



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	Pet #1	Pet #2	Pet #3
Name			
Breed			
Color			
Date of Birth or Approximate Age			
Male or Female			
Neutered or spayed			
Date of Last Vaccinations			
Name of Last Veterinarian			
Date of Last DHPP Vaccination			
Date of Last Rabies Vaccination			
Date of Last Bordetella Vaccination			
Date of Last Heartworm Test			
Does pet have a Microchip?			
Date of Last Feline RCP Vaccination			
Date of Feline Leukemia/FIV Test?			
Results of Last Feline Leukemia/FIV Test?			
Date of Last Feline Leukemia Vaccination			
Date of Last Fecal Test			