

**CROSSROADS ANIMAL HOSPITAL**  
**651 HWY 71 W.**  
**BASTROP, TX 78602**  
**512-321-0506**



*Thank you for entrusting us with your Pet's care today.*

**NEW CLIENT INFORMATION - MUST BE 18 YEARS OR OLDER TO CREATE AN ACCOUNT**

F/L Name: \_\_\_\_\_ Spouse: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Email: \_\_\_\_\_ Spouse #: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone# \_\_\_\_\_  
**Preferred Method of Contact:** Home  Cell  Work  Text  Email

**We offer a discount to Seniors (60+), Police & Firefighters, Active & Veteran Military.**  
 Do you qualify for any of these (Please show ID) YES  **If Yes Circle One Please** NO   
**How did you choose us for your pet's care? Please choose one:**  
 Sign/Location  Internet  Yellow Book  Website  HEB Receipt  Other \_\_\_\_\_  
**If a referral who may we thank?** \_\_\_\_\_

**ALL FEES ARE DUE AT THE TIME OF SERVICES RENDERED**

**Please indicate form of payment: Cash, Check, Visa, Mastercard, Discover, AMEX, Care Credit**  
 Driver's License #: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Place of employment: \_\_\_\_\_ Work #: \_\_\_\_\_  
 By signing, I agree to the terms of payment on my account. Signature: \_\_\_\_\_

**PATIENT INFORMATION**

	PET #1	PET #2	PET #3	PET #4
<b>NAME</b>				
<b>BREED (OR ) CATS-DMS DMM,DML</b>				
<b>DOB and/or AGE</b>				
<b>COLOR</b>				
<b>GENDER</b>	FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>
	SPAYED (F) <input type="checkbox"/> NEUTERED (M) <input type="checkbox"/>	SPAYED (F) <input type="checkbox"/> NEUTERED (M) <input type="checkbox"/>	SPAYED (F) <input type="checkbox"/> NEUTERED (M) <input type="checkbox"/>	SPAYED (F) <input type="checkbox"/> NEUTERED (M) <input type="checkbox"/>

Staff Initials: \_\_\_\_\_

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