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**)   Your Social Security#

_____   _____   _____   _____
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☐   LocalVets☐   Yellow Pages☐   Hospital Sign☐   Facebook☐   Other☐_____

Personal Referral☐   (Whom may we thank & reward? _____)

Method Of Payment:
For your convenience, we accept Mastercard, Visa, American Express, Discover, Care Credit, & Cash
Your preferred method of payment- Please Check One: Cash☐   Debit/Credit☐   Care Credit☐

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 issues we should know about?

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.****

Signature: _____   Date_____