



**Twin Lakes Pet and Bird Clinic**  
 26810 Hwy. 380 E., Aubrey, TX 76227  
 972-347-9799  
 www.twinlakespet.com

Patient #: \_\_\_\_\_

## Client Information

Primary Owner's First and Last Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Primary Contact: Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_ Home#: \_\_\_\_\_

Secondary Contact: Name \_\_\_\_\_

Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_ Home#: \_\_\_\_\_

Employer: \_\_\_\_\_ Spouse Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

Who may we thank for referring you? \_\_\_\_\_

Who should we call in case of an emergency? \_\_\_\_\_ Phone #: \_\_\_\_\_

May we use photos/videos of your pet on our social media page for educational, positive or engaging topics? All photos will be reviewed and deemed appropriate by the Doctors and management of Twin Lakes Pet & Bird Clinic before posting. Yes  No

## Pet Information

Pet's Name: \_\_\_\_\_  Dog  Cat  Bird  Exotic  Other: \_\_\_\_\_

Date of Birth/Age: \_\_\_\_\_ Breed of Pet: \_\_\_\_\_ Color: \_\_\_\_\_

Sex:  Male  Female Neutered/Spayed  Yes  No Is your pet current on his/her vaccinations?  Yes  No

Has your pet had a heartworm test in the last year? (dogs)  Yes  No

Is your pet currently on heartworm prevention?  Yes  No Flea/Tick Prevention?  Yes  No

What do you currently feed your pet? \_\_\_\_\_

Does your pet have vaccine reactions, allergies, medical or behavioral problems that we should be aware of? \_\_\_\_\_

Please list any other pets in the household: Name/Type: \_\_\_\_\_

Previous Veterinarian: \_\_\_\_\_

## Payment and Credit Policy

**PAYMENT IS DUE WHEN SERVICES ARE RENDERED.** In some cases, a deposit may be required in advance. You may pay cash, personal check (requires check owner to be present with proper identification) or with a major credit card or Care Credit. In order to avoid misunderstandings, we urge that all fees be discussed with the doctor before services are rendered. Estimates can be provided at your request. There is a \$30 dollar service charge for returned checks. There is a walk in fee starting at \$25.00 for unscheduled visits.

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