

NEW CLIENT REGISTRATION

Thank you for giving us the opportunity to care for your companion(s)!
So we may better become acquainted, please complete all of the following:

Owners Information

Last Name: _____ First Name: _____
Address: _____ Apt# _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
E-mail: _____
Spouse Name: _____ Spouse Number: _____

How did you hear about our hospital? Sign/Drive By
 Mailing Website Yelp Review Google Review Other
 Review

Another Client? (Whom may we thank?) _____

Companion 1

Companion 2

Name: _____

Species: Canine Feline Other

Species: Canine Feline Other

Sex Male Neutered Female Spayed

Male Neutered Female Spayed

Breed: _____

Breed: _____

Date of Birth: _____

Date of Birth: _____

Color/Markings: _____

Color/Markings: _____

Last known date of Vaccinations: _____

Has your pet ever shown any aggressive behavior during an exam before: YES NO

Any known allergies to vaccines or medication: _____

Are there any previous or current medical conditions: _____

Hospital Policies

Professional fees

Payment is due at the time services are rendered. We accept Cash, Check, Visa, Mastercard, American Express, Discover, Care Credit and Money Orders.

Pharmacies and prescriptions

In order to protect your pet from counterfeit medications or medications that have not been stored correctly, **the doctors at LHVW do not write prescriptions for online pharmacies or fill requests.** This policy is out of an abundance of care for your pets. Since these types of providers usually do not have a licensed pharmacist on the premises nor is the supply chain guaranteed, our drug manufacturers cannot guarantee the quality, source or efficacy of any of the drugs purchased from these locations. Therefore, the drug manufacturers will not cover the cost of any additional treatment an animal may need due to a medication's ineffectiveness. The doctors can fill your prescription in house, you may also order your medications from our online store for ease of delivery. If your email is on file, you will receive weekly promotions to help alleviate any cost concern, (all of the medications ordered from the online store are guaranteed from the manufacturer). If you prefer a local location that has a licensed pharmacist on the premises, i.e., Walgreens, HEB, CVS etc., the doctors are more than happy to send your prescription. If you elect to have us refill any prescriptions here in the hospital, we ask that you allow us a 24-hour turnaround time to have them ready for you. A staff member will call you as soon as the prescription is approved and filled. Thank you for your understanding. We hold this policy to help protect you, as our client, and most importantly the health and well-being of your pet.

In order to refill any medications or food here at Liberty Hill Veterinary Wellness, we will require to have seen the pet within the year & to have an up to date rabies vaccination.

Alternative Therapy

The doctors of Liberty Hill Veterinary Wellness commonly employ treatment methods considered "alternative therapy" by the Texas State Board of Veterinary Medical Examiners in addition to more conventional therapies. These treatments may include but are not limited to: acupuncture, herbal medicine, electro-stimulation, laser stimulation, physical therapy and stem cell therapies. Any questions about these treatment modalities including side effects and possible adverse responses will be addressed prior to their application.

I understand there will be an initial consultation fee and agree to this fee. It is understood that a treatment plan will be presented to me that will include any additional recommended treatments, diagnostics, or procedures and all costs associated with those services. I understand that no guarantee or assurance can be made as to the results that may be obtained. It is thoroughly understood that I assume all risks involved with any treatments, neurosurgeries, or procedures. I have also been informed of the hospital policies.

I have read and agree to the above statement and hospital policies:

Sign: _____ Date _____

Print Name: _____