

Corpus Christi Animal Clinic

1010 Ohio Ave.

Corpus Christi, Texas

Welcome!!

We accept Cash, Debit Visa, Mastercard, and Discover. Please circle your method of payment.

Today's Date _____

Client (Owner) Name: _____

Address: _____ Home Phone: () _____

City: _____ Work Phone: () _____

State: _____ Zip: _____ Cell Phone() _____

E-mail address _____

How would you like to be reminded and/or receive updates from us?

E-mail SMS or Voice ? Please circle your preference. Text # _____

Employer: _____ Position: _____

Emergency Contact #: _____ Relation to Client: _____

Spouse's Name: _____ Cell Phone: _____

Whom can we thank for referring you? _____

Previous Veterinarian _____

Which Social Media Platforms do you use? (Check any that apply)

Facebook ___ Twitter ___ Pinterest ___ Instagram ___ LinkedIn ___

Snapchat ___ Vine ___ Google+ ___

Photo Consent: We love social media! Do we have your permission to share your pet(s)' image and story on social media, our website & other forms of related media?

Your name and personal information will NEVER be shared. Simply check below to authorize this:

___ Yes, I authorize CCAC to share my pet's photo & story ___ No. I do not authorize this

I agree to pay all fees at the time services are rendered.

Statement of Authorization/Release of Liability

I Authorize Dr. Hughes or his agent to perform, with my verbal consent, any medical or surgical procedure deemed necessary for the treatment of my pet. I understand that certain procedures require sedation or anesthesia and that there are risks inherent therein. I release Dr. Hughes and Corpus Christi Animal Clinic from any liabilities in the treatment of my pet.

Signature _____ Date: _____