

Animal Care Centers of Texas  
1851 Acton Hwy  
Granbury, TX 76049

## CLIENT INFORMATION

Please fill out the form below completely. Please PRINT.

**Name:** \_\_\_\_\_ **Spouse Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Mailing Address (if different)** \_\_\_\_\_  
**Cell Phone#:** \_\_\_\_\_ **Home#:** \_\_\_\_\_ **Wk#:** \_\_\_\_\_  
**Spouse Cell#:** \_\_\_\_\_ **Spouse Wk#:** \_\_\_\_\_  
**E-Mail Address:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_ **Spouse Employer:** \_\_\_\_\_  
**Driver's License#:** \_\_\_\_\_

\*Would you like to receive our newsletter via e-mail? Yes No

## PATIENT INFORMATION

Please fill out the form below completely. Please PRINT.

<b>Name</b>	<b>Please Circle</b>	<b>Breed</b>	<b>Sex</b>	<b>Color</b>	<b>DOB</b>
_____	<u>Dog/Cat</u>	_____	<small>Female/Spayed Male/Neutered</small> <b>FS / MN</b>	_____	_____
_____	<u>Dog/Cat</u>	_____	<b>FS / MN</b>	_____	_____
_____	<u>Dog/Cat</u>	_____	<b>FS / MN</b>	_____	_____
_____	<u>Dog/Cat</u>	_____	<b>FS / MN</b>	_____	_____

**\*\* PAYMENT IN FULL IS REQUIRED AT THE TIME OF SERVICE \*\***

For instances where a check is returned, Animal Care Centers of Texas utilizes the services of Chexpert Inc. to collect the returned or dishonored check. Chexpert attempts to collect these checks by debiting (electronically or by paper draft) the account for the face amount of the check plus \$30 returned check fee.

**Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_