

NEW PATIENT INFORMATION

OWNER INFO (Last Name) _____ (First Name) _____ (MI) _____

Home Address _____

State _____ Zip Code _____ E-Mail _____

Home Phone _____ Cell Phone _____ Work Phone _____

Referring Veterinarian _____

Primary Complaint _____

Concurrent Medical Problems _____

Current Medications and Doses _____

PET INFO Name _____ Breed _____

Color _____ Age _____

Sex: Male Neutered Female Spayed Current on Vaccinations? Yes No Due

WE LOVE A HAPPY ENDING! CAN WE SHARE YOUR PET'S PHOTO AND/OR STORY?

_____ Yes, I give Veterinary Specialists of Texas, P.C. (DBA Dallas Veterinary Surgical Center) the right to create, edit, copy and make use of my pet's image and my pet's treatment story in and/or for promotional materials including, but not limited to social networking sites, websites, newsletters, flyers, posters, and brochures, without payment or any other consideration. I understand and agree that any images of or treatment stories about my pet are the property of Dallas Veterinary Surgical Center and will not be returned to me. I waive and release Dallas Veterinary Surgical Center from all claims arising from Dallas Veterinary Surgical Center's use of my pet's image or treatment story.

Please fax this form to the appropriate hospital location.

This form may also be submitted on our website under Pet Owners > New Patient Form.

Fort Worth

4631 Citylake Blvd. West
Fort Worth, Texas 76132
T 817-370-8000 | F 817-370-8001

Grapevine

2700 West Highway 114
Grapevine, Texas 76051
T 817-379-5444 | F 817-379-0222

North Dallas

4444 Trinity Mills Rd., Ste. 203
Dallas, Texas 75287
T 972-267-8100 | F 972-267-8700

Plano

10225 Custer Road
Plano, Texas 75025
T 214-667-2233 | F 214-667-2250