

Hoegemeyer Animal Clinic
1516 Sidney Baker * Kerrville, Tx 78028 * (830) 896-6507

REGISTRATION

Owner _____ Spouse's Name _____
Address _____ Home Telephone (_____) _____
City, St. Zip _____
_____ Cell Phone (_____) _____
Employer _____ Business Phone (_____) _____
Spouse Employer _____ Business Phone (_____) _____
DL# _____ E-Mail _____
Emergency Contact _____ Telephone (_____) _____
How Did You Hear About Us? (circle) Google Facebook Yelp Drove By/Saw Sign
Humane Society/Rescue Group – If so, who? _____
HAC Team Member – If so, who? _____
HAC Client – If so, who? _____

PET INFORMATION

Name of Pet _____ Dog _____ Cat _____ Other _____
Breed _____ Color _____ Birth Date _____
Sex _____ Has your pet been spayed / neutered? Yes _____ No _____
Has your pet been vaccinated within the last year? Yes _____ No _____ Where _____
CANINE: Rabies _____ DAPPC _____ Bordetella _____ Lyme _____ Rattlesnake _____
FELINE: Rabies _____ FVRCP _____ Feline Leukemia _____
Has your pet been dewormed within the last year? Yes _____ No _____
Does your pet have any allergies, medical, behavior problems, or on current medications that we should know about: If so, please specify: _____

Is your pet currently on Heartworm and / or Flea Preventative? Yes _____ No _____
Advantage Multi _____ Heartgard Plus _____ Trifexis _____ Revolution _____
Advantage _____ Advantix _____ Frontline Plus _____ Comfortis _____

Please check any symptoms or problems that you have noticed about your pet:
____ Behavior Problems ____ Gagging ____ Shaking Head ____ Bleeding Gums
____ Lack of Appetite ____ Sneezing ____ Limping ____ Coughing
____ Breathing Problems ____ Vomiting ____ Diarrhea ____ Scooting
____ Loss of Balance ____ Weakness ____ Scratching ____ Other
____ Thirst and / or Urination Increased ____ Eye Bulging or Blood Shot

AUTHORIZATION / CREDIT POLICY

I hereby authorize the veterinarian to examine, prescribe for, or treat the above pet. I assume all responsibility for all charges incurred in the care of this animal. Payment is due when services are rendered. In some cases, an advance deposit may be required. You may pay cash, personal check (with proper ID), Visa, Mastercard, Discover or American Express. To avoid misunderstandings, we urge fees be discussed with the doctor before services are performed. \$15.00 service charge on returned checks.

Signature of Responsible Party: _____ Date: _____