

CLIENT RIGHTS TO PRIVACY

Section 18E of the Texas Veterinary Licensing Act (V.A.C.S. Art. 8890) protects your privacy by prohibiting disclosure of your animal's health care records (including rabies and other immunizations) without our specific authorization.

If you want Northwest Veterinary Hospital to verify vaccination and general health information to individuals such as groomers, kennels or neighbors who may have come in contact with your animal, please sign the authorization below.

I give my permission for Northwest Veterinary Hospital to release information concerning the veterinary care for my animals.

Signature: _____ Date: _____

NEW CLIENT FORM

Thank you for giving the staff at NWWH the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following. (All blanks must be filled in).

CLIENT INFORMATION

Date: _____

Name: _____ Spouse's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cellular Phone: _____

Pager: _____ Spouse's Work Phone: _____

Spouse's Cellular Phone: _____ Spouse's Pager: _____

Place of Employment: _____

Best Time to reach you: _____

Driver's License #: _____ State: _____ Date of Birth: _____

All fees are due at the time services are rendered.

Please indicate choice of payment: Cash/Check Visa/Mastercard

How did you become aware of our clinic? Drove by Yellow Pages Previous Client

Personal Recommendation (whom may we thank)? _____

Client information last updated: _____