



## Client Contact Information

Entered in Computer

\_\_\_\_\_  
Client Number

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

Spouse's First & Last Name: \_\_\_\_\_

Address (Physical): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

*\*By providing your email you will be receiving vaccine reminders, Newsletters and Special Promotions*

Your Cell Phone # \_\_\_\_\_ Spouse's Cell Phone # \_\_\_\_\_

Home phone # \_\_\_\_\_

Employer - Self: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Spouse: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

### **How did you first hear about Crossroads? (Please choose only one)**

\_\_\_ Drive By \_\_\_ Crossroads Website \_\_\_ Postcard \_\_\_ Phone Book Friend: \_\_\_\_\_

\_\_\_ Google \_\_\_ Yelp \_\_\_ Other Internet Source \_\_\_ Fielder Road Directory Shelter/Rescue: \_\_\_\_\_

\_\_\_ Next Door App - Name of person who recommended us: \_\_\_\_\_

*\*We offer client referral incentives so please do your best to provide the full name of friends or Next Door referrals\**

Please indicate below the form of payment you wish to choose to settle your account today:

\_\_\_ Cash/Debit Card

\_\_\_ Check – Requires proof of ID

\_\_\_ Visa, Mastercard, Discover or American Express

\_\_\_ CareCredit

Please Note: In the event the use of our collection company becomes necessary, all applicable fees and taxes will be added to the amount of recovery.

I grant **Crossroads Animal Clinic**, its representatives and employees the right to take photographs of me and/or my pet(s). I authorize **Crossroads Animal Clinic**, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that **Crossroads Animal Clinic** may use such photographs of me and/or my pet(s) with or without my name and for any purpose, including for example such purposes as publicity, illustration, advertising and internet content (i.e. Facebook, Twitter, Snapchat)

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

### **I confirm that all information is correct:**

Signature of person responsible for payment: \_\_\_\_\_ Date: \_\_\_\_\_



919 W. Lamar Blvd., Arlington, Tx 76012

Client Name: \_\_\_\_\_

*Please answer the flowing questions to the best of your ability:*

Dog's Name: \_\_\_\_\_ Cat's Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Birthday: \_\_\_\_\_ Color: \_\_\_\_\_

Sex (Circle one): **Male** **Female** Neutered/Spayed (Circle one): **Yes** **No**

**Date of most recent Wellness Exam, vaccines, etc:**

**Dog:**

**Cat:**

Rabies: \_\_\_\_\_ (1 or 3 years)

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Distemper/Parvo: \_\_\_\_\_ (1 or 3 years)

Feline Distemper: \_\_\_\_\_ (1 or 3 years)

Bordetella: \_\_\_\_\_

Leukemia: \_\_\_\_\_

Canine Flu: \_\_\_\_\_

Felv/FIV test: \_\_\_\_\_

Lyme: \_\_\_\_\_

Heartworm test: \_\_\_\_\_

Rattlesnake: \_\_\_\_\_

Fecal: \_\_\_\_\_

Heartworm test: \_\_\_\_\_

Fecal: \_\_\_\_\_

Is your pet on Heartworm Preventative (circle one): **Yes** **No**

If Yes, which one do you give them? \_\_\_\_\_

Is your pet microchipped? **Yes** **No**