

# LONE STAR ANIMAL HOSPITAL

## PATIENT/CLIENT INFORMATION

*Thank you for giving us the opportunity to care for your pet. Please complete this information.*

Your Name \_\_\_\_\_ Spouse/other name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Your Email Address \_\_\_\_\_

Spouse/other email \_\_\_\_\_

Your cell # \_\_\_\_\_ Spouse/other Cell # \_\_\_\_\_

	PET # 1	PET # 2
Name		
Cat or Dog ?		
Breed		
Description/color		
Age or Date of Birth		
Sex= Female +/- Spayed OR Male +/- Neutered		
Previous Hospital/Vet		
Current Medications or Special Diet		
Prior Illness/Accidents Surgery		

### Photography Consent - please initial one of the following

\_\_\_\_\_ int - I consent to use of my pet's images by photography or video from Lone Star Animal Hospital and acknowledge these may be used on the website, in newsletters and publications.

\_\_\_\_\_ int - I decline the use of my animal's images in any format.

### Record Release - please initial one of the following

\_\_\_\_\_ int - I **DO** authorize the release of my pet(s) medical records, including immunizations, history and reports to Boarding, Grooming, or other Veterinary Hospitals.

\_\_\_\_\_ int - I **DO NOT** authorize the release of my pet(s) medical history.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Client # \_\_\_\_\_

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

## LONE STAR ANIMAL HOSPITAL

### Please read and sign the financial and payment policies detailed below

- LSAH requires **FULL** payment **AT THE TIME SERVICES ARE RENDERED** in the form of cash or credit card (MasterCard, Visa, Discover and American Express).
- **Checks are no longer accepted as a form of payment.**
- LSAH does **NOT** offer payment plans or accept Care Credit as payment.
- You may request an **estimate** of services at any time and should additional medical procedures be needed, an updated estimate can be provided as often as necessary. Make sure you understand the complete estimate and ask questions to clarify if needed.
- A partial **deposit WILL be required** prior to patient drop off for exams or hospital admittance and will be applied to the total balance due at discharge. In case of overpayment, a refund will be processed.

### Please read and sign the prescription policy detailed below

**We understand the desire for affordable products to aid your pet in a long, healthy life.** For this reason, we offer medications **in clinic** and through **OUR online home delivery pharmacy** (VetSource). We can also authorize pharmacy prescriptions from online pet supply stores, compounding pharmacies for specialty products, and traditional storefront pharmacies but **ONLY** in accordance with Texas State Laws and LSAH policies.

- Texas Veterinary Law states an **ANNUAL EXAMINATION** of your pet **is required to establish and maintain a veterinarian-client-patient relationship** in order to prescribe **OR** approve any and all requested medications to ensure your pet's safety and health. **THIS IS A NON NEGOTIABLE LAW !**
- LSAH will **NOT** be responsible for ANY product issues when purchased through online discount houses that may illegally obtain products (not FDA approved or manufacturer guaranteed) from other countries.
- All state and federal prescribing laws apply including FDA and State Boards of Pharmacy and Veterinary Medicine and **MUST** be followed by ALL Veterinarians licensed in the State of Texas.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_