

Date: _____

Veterinary Hospital of New Waverly
Steve VanWagner, DVM, MS Kim VanWagner, DVM
455 Hwy 150, New Waverly, Texas 77358



Welcome, we are glad you are here!!

New Client Information

Last Name: _____ First Name: _____ Salutation: Dr. Mr. Mrs. Miss
Circle One

Mailing Address: _____ City: _____ State: _____ Zip: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Driver License # _____ Email Address: _____

Occupation: _____ Employer: _____

Emergency Contact: _____ Emergency Phone: _____

How did you first hear of Veterinary Hospital of New Waverly?

Phone Book Drove by Clinic Personal Referral (Who?) _____

Pet Information (Information for additional pets may be placed on back)

1. Pet's Name: _____ Age: _____ (wks/mos/yrs) Birthdate: _____

Dog Cat Other _____ Sex Male Female Neutered Spayed Short/Med/Long hair
Circle one

Breed: _____ Pet spayed/neutered at what age? _____ (wks/mos/yrs)

Color: _____ What age was pet obtained? _____ (wks/mos/yrs)

Pet was obtained from Friend Breeder Pet Shop Stray Humane Society/Shelter Other _____

Reason for obtaining pet (Check all that apply): Companion Protection Breeding Show Other _____

Describe your pet's diet: Dry food only Canned food only Dry/Canned food
Table Food (Occasionally Regularly As a sole source of food)

Which brand of pet food do you feed? How much? Frequency?: _____

Reason for this visit today: _____

List your pet's current medications (Include dosage): _____

Please check any symptoms or problems you've noticed with your pet:

- Appetite Changes Eye Problems Scratching Weakness Coughing
- Behavioral Changes Shaking Head Gagging Sneezing Limping
- Breathing Problems Gums Bleeding Thirst Depression Diarrhea
- Vomiting Scooting Loss of Balance Increased Urination

Other _____

2. Vaccines: if animals are dropped off, we MUST have proof of current vaccines. Vaccines (Needed/last received):

I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. Acceptable Methods of Payment are: CASH, CHECK, (CREDIT CARDS: AMEX, VISA, MASTERCARD), CARE CREDIT.**
Signature of client responsible for pet(s) _____

PHOTO RELEASE FORM

I grant full permission to Veterinary Hospital of New Waverly to use any and all images taken of me or of my pets for the sole use of education, advertising, and promotion. This includes but is not limited to photographic prints and products, cds, dvds, Facebook page, Twitter, You Tube videos, and other social media sites, website blogs, and website display. I certify that I am eighteen (18) years of age or older. I understand that a parent or guardian must complete this form when granting a photo release involving a minor child(ren).

Signature of client