



Blanco Crossing Veterinary Hospital, P.C.
New Client/Patient Registration Form

Client Name: _____ Cell Phone: _____

Address: _____

City, State and Zip Code: _____

Email Address: _____

Additional Phone Number (if applicable): _____

Spouse/Co-Owner's Name: _____

Spouse/Co-Owner's Cell Phone Number: _____

First Pet's Name: _____ Birth Date/Age: _____

Species: _____ Breed: _____

Sex: _____ Spayed/Neutered? _____

Any known allergies? _____

Any current long term medical problems? If yes, explain: _____

Current Medications: _____

Second Pet's Name: _____ Birth Date/Age: _____

Species: _____ Breed: _____

Sex: _____ Spayed/Neutered? _____

Any known allergies? _____

Any current long term medical problems? If yes, explain: _____

Current Medications: _____

Our veterinary services utilize a program called ScribbleVet which takes an audio recording of your pet's appointments for improved clinical documentation. We need your consent to proceed with the recordings. By checking the consent box below, you agree to audio recording during all future appointments and grant us permission to share these materials/recordings for improved clinical documentation. I affirm that I am at least eighteen years old and that I understand and accept the terms in this agreement.

I consent to use of ScribbleVet recording. I DO NOT consent to use of ScribbleVet recording.

I agree to pay fees for services rendered at the time the pet is discharged from Blanco Crossing Veterinary Hospital or when service is otherwise terminated. I understand an animal's need for critical care after business hours leading to the transfer by the owner or agent to Night Watch Elite Animal Emergency (210-455-4559).

Client Signature: _____ Date: _____