

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 _____

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

- LSAH accepts payment **AT THE TIME SERVICES ARE RENDERED** in the form of cash, check, MasterCard, Visa and Discover.
- Checks can be written for invoices totaling **under \$600** with a valid TXDL # required on the check. **NOTE--** a \$25 fee is charged for a returned check.
- LSAH does **NOT** offer payment plans or accept Care Credit or American Express as payment.
- House call services are to have payment authorized **PRIOR** to the doctor's arrival at your home.
- You may request an **estimate** of services at any time and should additional medical procedures be needed, a new updated estimate can be provided.
- A partial **deposit** may be required prior to 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:** _____