Southridge Animal Hospital

2436 S. I-35 E, Suite 370 * Denton, Texas 76205
(940) 891-0611 * Fax (940) 891-0420
www.southridgeanimalhospital.com

Client Information Sheet

Please write legibly.

Name: Mr. / Mrs. / Ms. _____Spouse/Other: _____

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Home Phone ( ) _____ - _____ Cell Phone ( ) _____ - _____

Place of Employment: _____ Work Phone ( ) _____ - _____

E-mail Address: _____

Driver License # & State (Required):_____Date of Birth: _____-_____-____

How did you find out about us? (Circle one): Sign/Location Internet

Personal Referral: _____ (Let us know so we can thank them!)

A late cancellation or "No Call/No Show" fee will be applied to your account if an appointment is missed or rescheduled within 12 hours of your appointment time. To avoid this fee, please give us a call before we open at 8AM and leave a voicemail stating that you would like to cancel your appointment.

Please initial here stating you are aware of this policy: _____

Social Media Release: I hereby authorize Southridge Animal Hospital to use my pet's image on social media websites (Facebook, Instagram, etc) for educational and marketing purposes.

Accepted: _____ Declined: _____

WE DO NOT WORK ON A "BILLING" BASIS. ALL FEES ARE DUE UPON RECEIPT OF SERVICES AND RELEASE OF PATIENT *We accept cash, check (**no out of state or temporary checks**), Visa, Mastercard, Discover Card, American Express, Debit Cards, and CareCredit.*