



Southridge Animal Hospital

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(940) 891-0611 * Fax (940) 891-0420

www.southridgeanimalhospital.com

Client Information Sheet

Please write legibly.

Full Name: _____

Preferred Pronouns: _____

Spouse/Other: _____

Preferred Pronouns: _____

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Home Phone () _____ - _____ Cell 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, CareCredit, Scratchpay.