



BOERNE STAGE VETERINARY CLINIC

Client Name: _____ Spouse/Other: _____

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

County: Bexar Kendall Other: _____

Home Phone: _____ Cell: _____ Work: _____

Employer: _____

Driver's License Number: _____ State: _____

Boerne Stage Veterinary Clinic sends pet vaccination reminders through email.

Email Address: _____

How were you referred to Boerne Stage Veterinary Clinic?

Individual we may thank _____

Sign Location Mailer BConnected Other _____

PET'S NAME	SPECIES	BREED	AGE/DOB	MALE/FEMALE SPAYED/NEUTERED	COLOR
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FINANCIAL RESPONSIBILITY: All major credit cards, checks and cash are accepted. Payment is due when services are rendered. Please notify the doctor or staff of any concerns regarding fees.

Thank you for giving us the highest compliment by entrusting us with your pet's care. By signing below, you agree to abide by the above stated policy and verify that all information provided is true and accurate to the best of your knowledge and that you hereby authorize the Veterinarian(s) of Boerne Stage Veterinary Clinic to examine, prescribe for and/or perform recommended treatments.

Signature: _____ Date: _____