

Paws & Claws Animal Hospital
 Shawn P. Messonnier, DVM
 2145 West Park Blvd., Plano TX 75075
 Phone (972) 867-8800
 www.pawsandclawsanimalhospital.com

Owner's Name: _____ Name of Spouse / Co-owner: _____
 Address: _____ City: _____ State: _____ ZIP: _____
 Home Ph: (____) _____ Work Ph: (____) _____ Cell Ph: (____) _____
 Employer: _____ Occupation: _____
 Driver's License #: _____ Social Security: _____
 Email (for our newsletter, we do not sell/give your email to anyone): _____
 Spouse / Co-owner Employer: _____ Work Phone: (____) _____
 Nearest Friend or Relative: _____
 (In case of emergency) Name Phone

Pet Information

Pet's Name	Breed	Date Of Birth	Male or Female	Spayed, Neutered or Intact	Date of Last Vacs
		/ /	M / F	S / N / I	/ /
		/ /	M / F	S / N / I	/ /
		/ /	M / F	S / N / I	/ /
		/ /	M / F	S / N / I	/ /

How did you first hear about Paws & Claws Animal Hospital? (Circle One)

Drove by | Yellow Pages | Holistic Network | C+C Pets | Speech by Dr. Shawn | Dr. Shawn Radio Show

Internet: _____ (Name of web site)

Referral/Other: _____ (Name of person or other way you heard of us)

I, _____, give permission for Paws & Claws Animal Hospital to obtain and receive any medical records pertaining to my pets. I understand that original records are the sole property of Paws & Claws Animal Hospital and that copies, including radiographs, may be obtained by prior notice at a reasonable fee. I understand that part or all of my pets' therapies may involve holistic/naturopathic medicines and give my permission for these therapies to be used. I understand that no promises have been given to me regarding a successful outcome or cure. I am responsible for any procedures or treatments while my pets are in the care of Paws & Claws Animal Hospital. Services and products are non-refundable.

Payment is required at the time services are rendered. We regret we are not able to bill for payment. Outstanding balances accrue interest at 1.5% per month. Accounts placed for collection are subject to an additional fee of 40%. All charges are the sole responsibility of the party requesting services. Checks, cash, Mastercard, Visa, Pet Insurance, and Discover are accepted.

Owner's Signature: _____ Date: _____