

Morton Small Animal Clinic

James Morton, DVM
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Athens, TX 75751

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Patient/Client Information

Date: _____

Owners Name: _____ Spouse/Other: _____

Address: _____ City _____ State _____ Zip: _____

Owner's Drivers Lic. #: _____ State: _____ D.O.B _____ / _____ / _____

Spouse's Drivers Lic. #: _____ State: _____ D.O.B _____ / _____ / _____

Home Telephone: (_____) _____ - _____ Work Telephone: (_____) _____ - _____

Cell Phone: (_____) _____ - _____ Employer: _____

E-Mail Address: _____ Emergency Number: (_____) _____ - _____

How did you hear about or Clinic: € Yellow Pages € Sign € Internet € Other

Individual: Someone we can thank: _____

PROFFESIONAL FEES ARE SUE AT THE TIME SERVICES ARE RENDERED

Pet #1

Pet #2

Pet #3

	Pet #1	Pet #2	Pet #3
Pet Name			
Species (Dog, Cat, Other)			
Breed			
Color			
Date of Birth			
Sex			
Spayed or Neutered			
Vaccines Allergies			
Micro chipped Yes or No			

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet (s). I assume responsibility for all charges incurred in the care of this/these animal(s). I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature: _____

Method of Payment: € Check € Care Credit € Discover € American Express € Visa € Master Card