

Frenship Vet Clinic
Steve L. Stephens, D.V.M. Katie Ford, D.V.M.

PAYMENT IS DUE AT THE TIME OF SERVICES!

Tell us how you will be paying today (CIRCLE ONE)
Cash, Check, Visa, MasterCard, Discover, or *CareCredit?

*** CareCredit can be approved in as little as 10 minutes.**

Owner information:

Last Name: _____ First Name: _____

Mailing Address: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Home# _____ Cell# _____ Work# _____

DL# _____ State: _____ DOB: _____

Your Place of Employment: _____

e-mail address: _____

****Would you prefer to receive reminders by e-mail voicemail or text?**

Spouse's Name: _____ Cell# _____

How did you hear about us? _____

😊😊😊😊😊😊😊😊 *\$10 credit for referrals!* 😊😊😊😊😊😊😊😊

Pet Information: (Please keep in mind that if we are unable to confirm current Rabies Vaccination, your pet will be given one while here.)

Name of your Pet: _____ Dog, Cat, Horse, Other _____

(Please Circle One)

Breed: _____ Color: _____

Sex: ____ Spayed or Neutered? Y / N DOB: _____ or AGE: _____

Reason for today's visit:

*** I am the legal owner of this pet and of legal age to consent to treatment and all charges incurred.**

Please sign X _____ Date: _____

Frenship Vet Clinic
202 E. Hwy 62, Wolfforth, TX 79382
806-866 AVET (2838)

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_____ YES _____ NO

Print Name: _____ Date _____

Signature: _____