

# NOLAN RIVER

## ANIMAL HOSPITAL, PLLC

"Loving Care for Pets and their People"  
893A N. Nolan River Rd. Cleburne, Tx 76033  
817-558-6724



### CLIENT REGISTRATION

Today's Date: \_\_\_\_\_

Client ID: \_\_\_\_\_  
(Hospital Use)

Name: \_\_\_\_\_  
*First MI Last*

Secondary  
Name: \_\_\_\_\_  
*First MI Last Relationship*

Address: \_\_\_\_\_  
*Street number and name*

\_\_\_\_\_  
*City State Zip Code*

Email Address: \_\_\_\_\_

Telephone Numbers:

Home: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_, Work: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_, Other: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Drivers License Number: \_\_\_\_\_  
*Number Name*

How did you hear about us?

\_\_\_\_ Cleburne Animal Shelter      \_\_\_\_ Promotional Flyer      \_\_\_\_ Internet  
\_\_\_\_ Hospital Sign      \_\_\_\_ Phonebook      \_\_\_\_ Chamber of Commerce  
\_\_\_\_ Humane Society Of North Texas      \_\_\_\_ Individual \_\_\_\_\_

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED.

In admitting my pet(s) for diagnostics, treatment, or surgery, I authorize the veterinarian of Nolan River Animal Hospital, and the support staff, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary.

It is understood that an estimate of charges will be given for services upon request. No guarantee or assurance can be made as to the results that may be obtained.

Further, I assume full financial responsibility for all charges incurred by my pet. I realize that these charges may exceed a given estimate if complications arise. I understand that I will be contacted prior to treatment, if possible, should complications occur.

Signature: \_\_\_\_\_