

**Paws & Claws Animal Hospital**  
 Shawn P. Messonnier, DVM  
 2145 West Park Blvd., Plano TX 75075  
 Phone (972) 867-8800 FAX (972) 985-9216  
 www.petcarenaturally.com shawnvet@sbcglobal.net

Owner's Name: \_\_\_\_\_ Name of Spouse / Co-owner: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Employers Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Social Security: \_\_\_\_\_

Spouse / Co-owner Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Nearest Friend or Relative: \_\_\_\_\_  
 (In case of emergency) Name Address Phone

**Pet Information**

Pet's Name	Breed	Date Of Birth	Color of Pet	Male or Female	Spayed or Neutered	Date of Last Vacs	Location of Last Vacs
		/ /		M / F	Y / N	/ /	
		/ /		M / F	Y / N	/ /	
		/ /		M / F	Y / N	/ /	
		/ /		M / F	Y / N	/ /	

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

Drove by Church Bulletin Yellow Pages Radio Plano Newspaper Dallas Newspaper Holistic Network  
 Internet: \_\_\_\_\_ (Name of web site)  
 Referral: \_\_\_\_\_ (Name of person who referred you)

I, \_\_\_\_\_, give permission for Paws & Claws Animal Hospital, 2145 W. Park Blvd., Plano TX 75075, to obtain and receive any medical records pertaining to any/all of my animals. I understand that original medical records are the sole property of Paws & Claws Animal Hospital and that copies of written reports and radiographs may be obtained with prior notice at a reasonable fee.

I understand that part or all of the therapy recommended for my pet constitute complementary therapy and give permission to the doctor and staff of Paws & Claws Animal Hospital to use these therapies in the treatment of my pet. I understand that no promises have been given to me regarding a successful outcome or cure. In addition, I am responsible for any procedure or treatments while my pets are in the care of Paws & Claws Animal Hospital.

Payment is required at the time service is rendered. Any outstanding balance will accrue an interest rate of 1.5% per month. Any account placed for collection will be subject to an additional collection fee of 40% of the principal and interest owed. All charges are the sole responsibility of the owner of the animal treated. Checks, Cash, MasterCard, Visa and Discover are accepted.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_