

Stagecoach Pet Hospital

Christina Mastropietro, DVM (Managing Partner)

Logan Beene, DVM Brad Buckley, DVM Keri Jones, DVM Linda Hankins, DVM David Smonko, DVM

Stagecoach Pet Hospital office hours are Monday-Friday 7:30am-6pm, Saturday 8:00am-12:00pm Phone 254-200-2790

Owner _____ Spouse _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

Driver's License # _____ and/or SSN _____

Spouse's Work Phone _____ Spouse's Cell Phone _____

How did you hear about us: (Circle one) Friend/Facebook/Google Search/Website/Drive By

I grant to Stagecoach Pet Hospital, its representatives and employees the right to take photographs of me, my pet(s) and my property in connection with the above identified subject. I authorize SPH, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that SPH may use such photographs of me with or without my name and for any lawful purpose including for example such purposes as publicity, illustration, advertising and Web content.

Signature _____ Printed Name _____ Date _____

Pet Information

Pet 1

Pet 2

Pet 3

Name	Pet 1	Pet 2	Pet 3
Species (Feline/Canine)			
Breed			
Description (hair color)			
Date of Birth			
Sex			
Altered(spayed/neutered)			
Date Vaccinated			
Current Medications			
Heartworm Prevention			
Flea Control			
Usual Diet (include brand)			

I authorize the veterinarians at Stagecoach Pet Hospital to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of my pet(s). I understand these charges will be paid for at the time of release. A deposit may be required for hospitalization or surgical treatment. I authorize the release of medical information to other veterinary hospitals, boarding facilities, groomers, and any other individual that may have come in contact with my pet(s).

Signature _____ Printed Name _____ Date _____

I/We authorize Stagecoach Pet Hospital (SPH) to contact me/us via current and future cellular phone number(s), email address, or wireless device(s) regarding my delinquent account(s) that I/we owe SPH. I authorize SPH and its agents, representatives, and attorneys (including collection agencies) to use automated telephone dialing equipment, artificial or pre-recorded voice or text messages and personal calls and emails in their effort to contact me/us for purposes of collecting any portion of my/our account which is past due.

Signature _____ Printed Name _____ Date _____



Stagecoach
Pet Hospital

Veterinary Medical Release Form

I, _____, grant permission to Stagecoach Pet Hospital to release any and all of the information contained in the medical records of those pets listed on my account to any Veterinary practice, Grooming and/or Boarding facility. I also understand that I can revoke permission at any time in writing. Stagecoach Pet Hospital will not be held responsible for medical information given to another Veterinary practice, Grooming and/ or Boarding Facility.

Printed name of Owner

Date

Signature of Owner

Date