



**El Dorado Animal Hospital**  
**13039 Nacogdoches Rd.**  
**San Antonio, TX 78217**  
**(210) 656-1444**

**Client Registration Form**

Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt.# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work/Emergency Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

How did you find out about us? \_\_\_\_\_

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

\*Please note: Your email is confidential and will ONLY be used for El Dorado Animal Hospital transmissions and disease updates.

Circle one Dog Cat Pet's Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: M F Neutered? Yes No Date of last vaccinations/heartworm test: \_\_\_\_\_

Pet's Age/Date Of Birth: \_\_\_\_\_  
\_\_\_\_\_

Does your pet have any existing medical issues? \_\_\_\_\_ Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medications you are giving your pet (including heartworm prevention, flea medication and any over-the-counter products): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_