



ANIMAL HOSPITAL AT STEINER RANCH

5145 Ranch Road 620 North
Suite F-140
Austin, Texas 78732

512-900-2728
info@steinervet.com
www.steinervet.com

CLIENT REGISTRATION

Pet Owner _____
Last Name First Name D/L # and State (for check payments)

Co-Owner _____
Last Name First Name D/L # and State (for check payments)

Mailing Address _____ Apt. # _____

City _____ State _____ ZIP _____

Owner E-Mail: _____

Co-Owner E-Mail: _____

Phone Numbers:

Preferred Contact Sequence (Circle)

Home Phone _____ 1st 2nd 3rd 4th 5th

Owner Cell Phone _____ 1st 2nd 3rd 4th 5th

Owner Work Phone _____ 1st 2nd 3rd 4th 5th

Co-Owner Cell Phone _____ 1st 2nd 3rd 4th 5th

Co-Owner Work Phone _____ 1st 2nd 3rd 4th 5th

YES, The Animal Hospital at Steiner Ranch may display my pet's photo on its website and social media sites

How did you find out about The Animal Hospital at Steiner Ranch? Who may we thank for referring you to us?

Previous Veterinarian _____ City _____ State _____
(Please fill out a Records Release Authorization so we can obtain your pet's medical history)

FEEES FOR SERVICES AND PRODUCTS ARE TO BE PAID AT THE TIME OF THE VISIT

- In admitting my pet(s) for diagnostics, treatment, and/or surgery, I authorize The Animal Hospital at Steiner Ranch and its staff to perform such diagnostics and/or administer such treatments and/or surgical procedures as deemed necessary.
- It is understood that a good-faith estimate of charges for recommended services and products will be given, if requested. As with all medical care, no guarantee or assurance can be made of the results which may be obtained from the receipt of such services or use of such products.
- Further, I assume full financial responsibility for all charges incurred for all diagnoses, treatments, procedures, and care performed on my pet(s). I realize that these charges may exceed a given estimate if complications arise or are found.

Pet Owner Signature _____

Co-Owner Signature _____