

Paws & Claws Animal Hospital  
Shawn P. Messonnier, D.V.M.  
2145 W. Park Blvd., Plano, Tx. 75075  
972-867-8800

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

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

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

Email (for our newsletter, we will not give/sell your email to anyone) \_\_\_\_\_

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

Nearest Friend/Relative (for emergencies) \_\_\_\_\_ Ph: \_\_\_\_\_

Pet: \_\_\_\_\_ DOB \_\_\_\_\_ M/F \_\_\_\_\_ Spayed/Neutered/Intact \_\_\_\_\_ Date of Last Vaccines \_\_\_\_\_ Breed \_\_\_\_\_

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How did you first hear about us?  Drove By  Yellow Pages  Holistic Networker  C+C Pets

Website (which one? \_\_\_\_\_)  Speech by Dr. Shawn  Dr. Shawn's Radio Show

Other \_\_\_\_\_

I, \_\_\_\_\_, give permission for Paws & Claws Animal Hospital to obtain and receive any medical records pertaining to my pets. I understand that original records are the sole property of Paws & Claws Animal Hospital and that copies, including radiographs, may be obtained by prior notice at a reasonable fee. I understand that part or all of my pets' therapies may involve holistic/naturopathic medicines and give my permission for these therapies to be used. I understand that no promises have been given to me regarding a successful outcome or cure. I am responsible for any procedures or treatments while my pets are in the care of Paws & Claws Animal Hospital. Services and products are non-refundable.

Payment is required at the time services are rendered. We regret we are not able to bill for payment. Outstanding balances accrue interest at 1.5% per month. Accounts placed for collection are subject to an additional fee of 40%. All charges are the sole responsibility of the party requesting services. Checks, cash, Mastercard, Visa, Pet Insurance, and Discover are accepted.

Signature \_\_\_\_\_ Date \_\_\_\_\_