



Bingle Veterinary Clinic PC
2025 Bingle Road
Houston, TX 77055

Veterinary Services – Resort & Spa – Specialty Boutique

CURRENT CLIENT & PET INFORMATION

Thank you for the opportunity to care for your pet! Please help us to meet your needs more effectively by completing this information sheet.

Owner's Name _____ Date ___/___/___

Address _____
Street address City State Zip

Home phone _____ Cellular phone _____

Employer _____ Occupation _____

Work phone _____ Ext # _____ May we contact you at work? _____

Spouse/Other name _____ Spouse work phone _____

In care of emergency, please call _____ Phone number _____

Email Address _____

How did you hear about us? Referral by: _____ Location/Drive by Online Other _____

Current Pet information

Pet's Name _____ Age _____ Sex: male female spayed neutered

Species: Dog cat Bird Other _____ Breed _____

Color _____ Current medical problems? _____

Current medications _____

Pet's Name _____ Age _____ Sex: male female spayed neutered

Species: Dog cat Bird Other _____ Breed _____

Color _____ Current medical problems? _____

Current medications _____

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Species: Dog cat Bird Other _____ Breed _____

Color _____ Current medical problems? _____

Current medications _____

Payment Information

Full payment is due at time of release. We accept cash, check & credit card. A deposit may be required in cases of emergency hospitalization or surgical treatment. The **bold** information is required for check acceptance. With your permission, we can keep a credit card # on file for you. Any unpaid balance will be subject to a 1.5% per month service charge and a \$2 per month statement fee. I assume responsibility for all charges incurred in the care of my pet(s).

Party responsible for payment _____

TDL# _____ **Date of Birth** ___/___/___

Credit Card: : Visa MC AmEx Discover Acct# _____ Exp Date ___/___ CVV code _____

Name of Card _____

Signature of Owner or responsible party _____