



FRISCO WEST

ANIMAL MEDICAL CENTER

9339 LEGACY DRIVE
FRISCO, TX 75034

Date: _____

Client Name: _____ **Pet's Name:** _____

What is the problem? _____

When did it start?

How has it changed since it started? _____

Is there anything else you would like the doctor to know? _____

What is the best number to reach you at today? _____

What time would you like to pick up your pet? _____

I, the undersigned, understand that there will be an exam charge of \$61.53 associated with the visit today. I also understand that I can request an estimate before any further charges related to this visit are incurred.

Signature of responsible party: _____

I would like to be contacted before additional charges are incurred: YES NO

I authorize blood work &/or radiographs at an additional charge: YES NO