

**K9 / F9 / Other
Small Animal Intake**



Texas Animal Wellness Center

Jacqueline A. Doval, MS

Wellness For ALL Walks of Life!™

DocJackie.com
404 Westheimer Rd
Houston | TX 77006
713-627-WELL (9355) Tel
docjackied@aol.com

Dog Cat _____ Today's date: _____

Animal's Name: _____

Registered Name: _____

male neutered female spayed Age _____

Breed: _____

Training Type: _____

Titles / Level / Other: _____

Your Name: _____

Primary Phone: _____ mobile home work

Alternate Phone: _____ mobile home work

Email: _____

Are you the owner? Yes No - I am the Caretaker/Trainer for:

Owner(s) Name: _____

Primary Phone: _____ mobile home work

Alternate Phone: _____ mobile home work

Email: _____

Location Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Gate Code? Yes _____ No _____ Residence? Yes No

Veterinarian's Name: _____

Clinic: _____

Phone: _____ Fax: _____

Email: _____

Vaccinations current? Yes No Rabies: _____ month/year

Authorization by: Verbal Text Email Fax Written Date: _____

Animal's Name: _____ Date: _____

History

Did you send or bring any? X-rays Thermal scans Records Other: _____

Injuries? _____ Approximate Date or How long ago: _____

Client Acknowledgement and Consent

Please note that these services are not a substitute for medical or veterinary care. If your animal appears to be injured please see your veterinarian as soon as possible. By Texas law, alternate therapy on an animal is required to be done under the direct or general supervision of a licensed veterinarian. Since Jackie is not a veterinarian and is acting as an independent contractor, a veterinary supervision form is required prior to your first visit in order to be in compliance with Texas Administrative Code §573.14. This form can be downloaded from the DocJackie.com website.

Client Signature: _____ Date: _____

Release and Hold Harmless

The undersigned assumes the unavoidable risks inherent in all animal-related activities including but not limited to bodily injury and physical harm. In consideration, therefore, as a client of DocJackie, the undersigned does hereby agree to hold harmless and indemnify: Texas Animal Wellness Center and Jacqueline A. Doval, dba DocJackie, and all employees and agents thereof, and further release them from any liability or responsibility for accident, damage, injury or illness to the undersigned's person or property.

Client Signature: _____ Date: _____