



1379 S Voss Rd, Suite E
Houston, TX 77057
(713) 304-0525

NEW CLIENT FORM

Thank you for entrusting your pet's care to us today. The following information will be used to help our veterinary team accurately complete your pet's medical history for their visit. We ask that you provide this information 24 hours in advance.

Pet Information

Pet's Name: * _____ Species: * Canine Feline
Breed: * _____ Color: * _____
Date of Birth/Age: * _____ Gender: * Male Female
Spayed/Neutered? * Yes No Any known allergies/reactions? * Yes No
Is your pet's Rabies vaccine up to date? *
 Yes No When was the last time your pet was seen by a
veterinarian? * _____
Who was your pet's previous veterinary clinic? * _____

Owner Information

Owner Name* _____ Home Mailing Address: _____
Spouse/Other: _____ Spouse Number: _____
Which phone numbers would you like to share with us? Cellular Landline Work Spouse
Owner's Phone: _____ Email* _____

Whom may we thank for referring you to us?

Friend or Relative Google Search Facebook Instagram Drove By
 Staff Member Shelter or Pet Store
 Other

Credit Policy

We ask that all fees be paid at the time of service. We accept cash, personal checks (with identification), Visa, MasterCard, Discover, American Express, CareCredit or ScratchPay. Exceptions must be cleared with the Medical Director prior to service. Past due accounts are subject to late fees and those turned over to collection are subject to collection and/or legal fees.

Initial: _____

Social Media/Photo Permission: Do we have your permission to post photos of your pet online?

Yes No

Signature: _____ Date: _____