

Cypress Creek Animal Hospital, P.C.
NEW CLIENT FORM

Thank you for giving us the opportunity to care for you pet(s).

Client Information: **Date:** _____

Name: _____ Spouse's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Work Phone: _____

Spouse's Cell: _____ Email: _____

Place of employment: _____ Driver's Lic # _____ Social Sec# _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

Method of Payment: Cash/Check Visa MasterCard Discover AMEX

How did you hear about us? _____

If from a friend whom may we thank? _____

Name and number of previous vet: _____

Pet Information:

Pet #1

Name: _____ Date of Birth: _____ Breed: _____

Color: _____ Sex: M F Spayed or Neutered Y N

Please list any previous serious illnesses or surgeries, allergies to vaccines or medications:

Is your pet on any special diets or medications? _____

Pet #2

Name: _____ Date of Birth: _____ Breed: _____

Color: _____ Sex: M F Spayed or Neutered Y N

Please list any previous serious illnesses or surgeries, allergies to vaccines or medications:

Is your pet on any special diets or medications? _____

Pet #3

Name: _____ Date of Birth: _____ Breed: _____

Color: _____ Sex: M F Spayed or Neutered Y N

Please list any previous serious illnesses or surgeries, allergies to vaccines or medications:

Is your pet on any special diets or medications? _____

**If your pet is found may we share your information with the finder? Y N

**Is there anyone we may share you pets medical records with? _____