

NEW CLIENT FORM

Thank you for giving us the opportunity to care for your pets! Please help us to better meet your needs by taking a few moments to fill out both pages of this information sheet.

CLIENT INFORMATION

Owner Name: _____ Spouse/Other: _____

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

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail Address: _____

Employer Name and Address: _____

In case of **EMERGENCY** please call _____ at phone number _____

Professional fees are due at the time of service, and occasionally a deposit may be required prior to the services rendered. We will gladly provide you with a written estimate if you so desire. Please make your request to a staff member or doctor.

If you wish to pay by check please complete the following:

Driver's License Number: _____

(This information will be kept strictly confidential)

How did you hear about our hospital?

- Personal referral - Is there someone we may thank? _____
- Hospital sign
- Internet/Social Media: _____
- Another hospital. If so, which one? _____
- Other? _____

I understand every effort will be made to achieve a successful outcome and to provide all possible safety measures in hospital care and handling. I hereby authorize Lakewood Forest Veterinary Hospital to receive, prescribe for, treat, or perform surgery upon the pet(s) listed on the reverse side. I understand that unforeseeable adverse reactions to treatments are always a possibility. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of the qualified personnel may not be provided.

Signature of Owner or Authorized Agent

Date

Lakewood Forest Veterinary Hospital

11802 Louetta Rd. Houston, TX 77070

Phone: (281) 376 – 1172 | Fax: (281) 251 – 4580

ANIMAL MEDICAL HISTORY

Please complete information for each pet. If you have more than two pets, please ask a technician for an additional sheet- Thank you!

Name: _____ Species (Dog/Cat): _____ Breed: _____

Description (Color): _____ Date of Birth: ___ / ___ / ___

Sex (please circle): *Male/Intact* *Male/Neutered* *Female/Spayed* *Female/Intact*

Total number of pets in household: Cats _____ Dogs _____ Other _____

Food Fed: Dry _____ Canned _____ Treats/Other _____

Percentage of time spent outdoors: _____%

Free roaming Supervised Not always supervised Yard

Is your pet currently taking any prescription medication? Yes (if so please list) No

Name: _____ Dose (mg): _____ Start Date: ___ / ___ / ___ Last given: ___ / ___ / ___

Name: _____ Dose (mg): _____ Start Date: ___ / ___ / ___ Last given: ___ / ___ / ___

Heartworm Preventative: _____ Flea/Tick preventative: _____

Please list any past medical or surgical problems and when they occurred: _____

Previous Vet Hospital: _____ Phone #: _____

PET #2

Name: _____ Species (Dog/Cat): _____ Breed: _____

Description (Color): _____ Date of Birth: ___ / ___ / ___

Sex (please circle): *Male/Intact* *Male/Neutered* *Female/Spayed* *Female/Intact*

Food Fed: Dry _____ Canned _____ Treats/Other _____

Percentage of time spent outdoors: _____%

Free roaming Supervised Not always supervised Yard

Is your pet currently taking any prescription medication? Yes (if so please list) No

Name: _____ Dose (mg): _____ Start Date: ___ / ___ / ___ Last given: ___ / ___ / ___

Name: _____ Dose (mg): _____ Start Date: ___ / ___ / ___ Last given: ___ / ___ / ___

Heartworm Preventative: _____ Flea/Tick preventative: _____

Please list any past medical or surgical problems and when they occurred: _____

Previous Vet Hospital: _____ Phone #: _____