

LAKWOOD FOREST VETERINARY HOSPITAL

11802 Louetta Road Houston, TX 77070
Phone: (281) 376-1172 Fax (281) 251-4580

PATIENT/CLIENT INFORMATION

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

Date: _____

Owner Name: _____ Spouse/Other: _____

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

Home Phone: _____ Cell Phone: _____

E-mail Address: _____ Work Phone: _____

Employer Name and Address: _____

Spouse/Other Employers Name and Address: _____

In case of EMERGENCY please call _____ at phone number _____

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

Yellow pages or another telephone directory _____

Hospital sign? Internet website? _____

Another hospital? If so, which one? _____

Other? _____

TO HELP PREVENT THE SPREAD OF INFECTIOUS DISEASES, ALL HOSPITALIZED AND BOARDED ANIMALS MUST BE CURRENT ON ALL VACCINATIONS REQUIRED BY THIS HOSPITAL, AND BE FREE OF EXTERNAL PARASITE INFESTATION.

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this 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.

(Date)

Signature of Owner or Authorized Agent

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!

Pet Name: _____ Species: _____ Breed: _____

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

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

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

Food fed: Dry _____ Canned _____ Treats/Other _____

(List name and amount of food fed in one day)

Percentage of time spent outdoors: _____%

Free roaming _____ Supervised _____ Not always supervised _____ Yard _____

Is your pet currently taking medication? Yes _____ No _____

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

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

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

Is your pet allergic to any medications? Yes _____ No _____ If so, please list _____

Heartworm Preventative? Y / N If so, please list brand _____

Flea/Tick preventative? Y/N If so, please list brand _____

When was the last time your pet was tested for heartworms? ____/____/____

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

Is there a previous vet clinic that we may contact for medical history? (Include phone number) _____

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