

# Forest Crossing Animal Hospital

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ForestCrossingAnimalHospital.com

# New Client & Patient Information

*Thank you for giving our practice the opportunity to care for your pet. So that we may be able to meet your needs, please complete this form.*

## Client Information

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Spouse #: \_\_\_\_\_

Employer: \_\_\_\_\_ If necessary, may we contact you at work? \_\_\_\_\_

Fax Number, if applicable: \_\_\_\_\_ Email Address: \_\_\_\_\_

*Providing us with your email address will allow us to communicate with you in the event that we cannot reach you by telephone. Also, you will be able to access your pet portal through our website! There, you will be able to access your pet's health information, access our online pharmacy, request appointments, received reminders, and more!*

**How did you hear about us? Who/what may we thank for referring you?**

**What is your preferred method of being contacted? (Circle one)**

Email    Phone call    Text    Other \_\_\_\_\_

## Patient Information

Patient Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: Male Female Color: \_\_\_\_\_ Spayed/Neutered? Yes/No

Is your pet on heartworm prevention? If yes, what type/brand: \_\_\_\_\_

Is your pet on flea prevention? If yes, what type/brand: \_\_\_\_\_

Has your pet been tested for viruses? If yes, what was the test date and results? \_\_\_\_\_

Are there any other pets in your household? If yes, how many and what species? \_\_\_\_\_

Previous medical records can be obtained from: \_\_\_\_\_

## Owner's Right to Privacy

*Texas Veterinary Licensing Act prohibits the disclosure of your name, address and your pet's health care records (including rabies and other vaccinations) to anyone, without your authorization.*

- Would you allow us to release immunization records to boarding kennels and grooming facilities? **Yes/No**

- Would you allow us to release your name, address and phone number(s) to someone who has found your lost pet(s)? **Yes/No**

- Do you grant Forest Crossing Animal Hospital permission to use photos/videos of your pet on social media and/or for promotional purposes? **Yes/No**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_