

Forest Crossing Animal Hospital

2330 F.M. 1488 RD, Suite 100

The Woodlands, TX 77384

(936) 271-9300

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: _____