Panther Creek Pet Clinic
4775 W Panther Creek Dr.
The Woodlands, TX 77381
281-367-7733 ph
281-298-2193 fax

CLIENT INFORMATION

Name:_____ Spouse's Name:_____

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

Phone Ph #: _____ Place of Employment:_____ Work Ph #:_____

Cell Ph #: _____ Spouse's Ph #:_____ Email:_____

How did you hear about us?_____

PET INFORMATION

Pet's Name: _____ Dog Cat Reptile (circle one) Date of Birth:_____

Breed:_____ Color:_____

Male or Female (circle one) Spayed or neutered? Yes or No (circle one) Microchip #:_____

Attach any previous medical records you may have with you.

If needed, where can we obtain previous medical records for your pet?_____ Ph #:_____

Is your pet currently on a monthly heartworm preventative? Y or N (circle one) If yes, which type:_____

Is your pet currently on a monthly flea preventative? Y or N (circle one) If yes, which type:_____

Is your pet currently on any medications? Y or N (circle one) If yes, please list:_____

Is your pet allergic to any medications? Y or N (circle one) If yes, please list:_____

Do you have any other pets in the household? Y or N (circle one) If yes, please list:_____

OWNERS RIGHTS TO PRIVACY

Texas Veterinary Licensing Act prohibits the disclosure of your name, address and pets health records to other clinics, grooming and boarding facilities without your authorization.

Would you allow us to release vaccine records to your boarding kennel and groomer? Y or N (circle one)

Would you allow us to release your contact information to someone who has found your pet? Y or N (circle one)

Full payment is required at the time of service. I understand that the staff will provide me with a treatment plan for estimated charges upon my request. By signing below, I understand that I am financially responsible for all treatment services provided and medication prescribed.

_____ ___/___/___

Signature Date