

Cypress Square Animal Clinic  
11183 Huffmeister Rd. • Houston, TX 77065  
281.469.9633

## NEW CLIENT FORM

\*Indicates required information about yourself or your pet.

Date\* \_\_\_\_\_

Your Name\* \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

Address\* \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Home Phone\* \_\_\_\_\_ Cell Phone\* \_\_\_\_\_ Other \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_ May we contact you there? Y / N

E-mail Address \_\_\_\_\_ Drivers License Number\* \_\_\_\_\_ State\* \_\_\_\_\_

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## NEW PATIENT INFORMATION

Pet's Name\* \_\_\_\_\_ CAT or DOG Breed\* \_\_\_\_\_

Color\* \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

Male / Female Has your pet had spay or neuter surgery?(Yes or No)

Is your pet microchipped? Y / N If yes, what is the microchip number? \_\_\_\_\_

When was your pet last examined? \_\_\_\_\_ Last vaccinated? \_\_\_\_\_

Please list any pre-existing conditions: \_\_\_\_\_

Does your pet have any allergies? \_\_\_\_\_

Please list any medications your pet is on, including heartworm or flea prevention:  
\_\_\_\_\_  
\_\_\_\_\_

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## PAYMENT POLICY

Method of Payment:      Cash      Check      Master Card  
                                 Visa      Amex      Care Credit

My signature below indicates that I am aware and understand that all payments are due in full at time of service. At any time I may request an estimate for services that are to be performed. Any failure to pay can result in collection fees, lawyer fees and/or criminal charges that I will be responsible for.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date