

# T.L.C. ANIMAL HOSPITAL

14870 Space Center Blvd.; Suite L -- Houston, TX 77062 – (281) 282-9944

## NEW CLIENT INFORMATION SHEET

### CLIENT INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Is owner a senior citizen? (65 years & over): YES // NO

**Phone Numbers:** Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

The best number to reach me at is the: HOME // CELL // WORK

I would like to receive reminders, confirmations, & updates via:

Text message YES // NO Cell Number: \_\_\_\_\_

Email YES // NO Email Address: \_\_\_\_\_

### PATIENT INFORMATION:

Pet's Name: \_\_\_\_\_ Species: DOG // CAT DOB or Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Is your pet spayed/neutered? YES // NO Is your pet microchipped? YES // NO

Previous Veterinary Clinic & Contact Info: \_\_\_\_\_

Reason for visit today: \_\_\_\_\_

Diet (Brand of food; Canned/Dry, etc): \_\_\_\_\_

Current Medications, Heartworm Prevention, & Flea Prevention: \_\_\_\_\_

### HOW DID YOU HEAR ABOUT US? (please pick one):

\_\_\_\_ Client Referral (Name: \_\_\_\_\_) \_\_\_\_\_ Website

\_\_\_\_ Facebook \_\_\_\_\_ Online Search \_\_\_\_\_ Open House

\_\_\_\_ Location \_\_\_\_\_ Other, please specify: \_\_\_\_\_

**ALL FEES ARE DUE UPON RECEIPT**  
**WE HAPPILY ACCEPT CASH, CHECKS (ELECTRONIC), ALL MAJOR CREDIT CARDS, AND CARE CREDIT**  
**ESTIMATES ARE AVAILABLE UPON REQUEST**