



CROCKETT VETERINARY HOSPITAL
2100 EAST HOUSTON AVENUE
CROCKETT, TX 75835
(936)544-2712
CVHVET@WINDSTREAM.NET



NEW PATIENT/CLINIC INFORMATION

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out both sides of this information sheet.

Owner's Name: _____ Spouse/Other: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Okay to text? Yes No

Work Phone #: _____ Okay to text? Yes No

Cell Phone #: _____ Okay to text? Yes No

Spouse/ Other work phone #: _____ Okay to text? Yes No

Employer's Name & Address: _____

Spouse's / Other's Employer Name & Address: _____

Email Address: _____

How do you prefer to receive your pet's reminder?

Post mail	Email
Internet	Saw our sign/ live nearby

How did you hear about us?

Referred by friend, name: _____ (So we can thank them)

Other. Please explain: _____

Payment is due at time services are rendered.
We will gladly prepare a written estimate if you so desire.
Please ask a staff member or doctor.

-OVER-

**DUE TO STATE LAW REQUIREMENTS, ALL DOGS & CATS
MUST BE CURRENT ON RABIES VACCINATION.
Vaccination will be updated at the time of your appointment if it is not current.**

Name of previous/ current Veterinarian: _____

Animal Medical History

Please complete information for all your pets- Thank You!	Pet #1	Pet #2	Pet #3
Pet's name			
Species (dog, cat, bird, etc.)			
Breed			
Description (color and markings)			
Date of birth			
Sex	M - F	M -F	M -F
Altered or Spayed?	Y - N	Y- N	Y - N
Diet (Name of pet's food)			
Daily medications, vitamins or treats			
Shampoo/ flea products used			
Hours spent outside each day			
Vaccinations	Please present copies of previous medical history and/ or contact information to the front desk with this form.		
Medical history- Prior illness/ surgery			

Thank You!

1) Payment is due in full at the time services are rendered. We accept all major credit cards, CareCredit and cash.

We only accept checks from established clients. We will gladly prepare a written estimate if you so desire. Please ask a staff member or doctor.

I have read and understand the statement above.

X

Signature

2) I authorize Crockett Veterinary Hospital and its agents to take photos of my pet and copyright, use and publish the same in print and/ or electronically. I agree that Crockett Veterinary Clinic may use such photographs of my pet with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I have read and agree with the statement above.

X

Signature