



Cypress Falls Animal Hospital
 9405 Huffmeister Rd Suite 170
 Houston, TX 77095
 (281) 858-7700 Fax: (281) 401-9676
 www.cypressfallsah.com

Microchip #: _____

Patient Information:

PET'S NAME: _____ SPECIES: *Canine*

BREED: _____ COLOR/MARKINGS: _____

DATE OF BIRTH: _____ SEX: *M / F* SPAYED/NEUTERED? *Yes / No*

Patient History:

PREVIOUS VETERINARIAN: Please Circle One *None / See Below / More on Back*

CLINIC NAME _____

PHONE _____

May we request vaccine and health history records to be faxed from previous health providers? Yes / No

HEALTH HISTORY: *(Continue on back if necessary)*

- ALLERGIES / VACCINE REACTIONS _____
- PRIOR SURGERIES/MEDICAL CONDITIONS / ILLNESSES _____
- CURRENT HEARTWORM/FLEA/TICK PREVENTION _____
- CURRENT MEDICATIONS _____

DIET _____ DAILY AMOUNT _____

IS YOUR PET MICROCHIPPED? *Yes / No / I Don't Know* Scanned date: _____

ANYTHING ELSE WE SHOULD KNOW ABOUT YOUR PET? *(Continue on back if necessary)*

USE OF PETS PICTURE:

We like to show off our wonderful patients on our website &/or Facebook. Pictures could include, but are not limited to, before and afters of grooming or dentals. Do we have your permission to do so? Yes / No

If Yes, may we also post your pet's first name Yes / No, I would like to remain anonymous

Owner / Agent Signature _____ Date _____

Office Use Only

Name: _____