Barker Cypress Animal Clinic, P.C.

Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you may have about your pet's health. To insure the best possible care, please take the time to fill in this form completely.

Date: _____

Owner(s):_____

Address: _____City:_____ Zip: _____

Home phone: _____ Cell Phone: _____ Email:_____

Emergency Contact: _____ Number: _____

Number of pets: Dogs: ____ Cats: ____ Other (specify): _____

Reason for Today's Visit: _____

PET HEALTH HISTORY

Name of pet: _____ Dog: ____ Cat: ____ Other: _____

Breed: _____ Color: _____ Birthdate: _____

Male: _____ Neutered: Y or N Female: _____ Spayed: Y or N

Vaccine History: Dates and types of previous vaccines:

_____

May we contact your previous veterinarian for vaccine and medical records? Y or N

May we provide your pets vaccine history to other parties upon request? Y or N

Check if you pet is or has suffered from any of the problems or symptoms:

__Behavioral	__Lack of appetite	__Sneezing
__Bleeding gums	__Limping	__Increase thirst/urination
__Breathing problems	__Loss of balance	__Vomiting
__Coughing	__Scooting	__Weakness
__Diarrhea	__Scratching	__Other_____
__Eye problems	__Depression	
__Gagging	__Shaking head	_____

Is your pet currently on any medications? _____

_____

Heartworm?_____Flea Treatment?_____

How did you hear about us?_____

I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner: _____ Date: _____