

Fairbanks Animal Clinic
NW Pet Lodge & Healthcare
7151 Fairbanks N. Houston
Houston, TX 77040

Thank you for giving us the opportunity to care for your pet.
Please fill out this form as completely as possible so we may better serve you.

YOUR LAST NAME: _____ YOUR FIRST NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____ E-MAIL: _____

PHONE #1: _____ HOME WORK CELL **PHONE #2:** _____ HOME WORK CELL

PHONE #3: _____ HOME WORK CELL

SPOUSE/OTHER CONTACT WHO CAN APPROVE TREATMENT FOR THIS PET: _____

PHONE #1: _____ HOME WORK CELL **PHONE #2:** _____ HOME WORK CELL

PHONE #3: _____ HOME WORK CELL

If you were referred by one of our clients or another clinic, who shall we thank for the referral?

YOUR PET'S NAME: _____ TYPE OF PET: DOG CAT

GENDER: MALE FEMALE IS YOUR PET SPAYED/NEUTERED? YES NO NOT SURE

BREED: _____ COLOR/MARKINGS: _____

DATE OF BIRTH: _____ CURRENT MECDICATIONS: _____

MAJOR ILLNESSES OR SURGERIES: _____

ANY KNOWN ALLERGIC REATIONS (VACCINES, DRUGS, SEASONAL, FOOD) YES NO NOT SURE

IF YES, EXPLAIN: _____

PREVIOUS VETERINARY CLINIC AND PHONE: _____

ALL FEES ARE DUE AT THE TIME THE SERVICES ARE RENDERED.

OWNER/AGENT SIGNATURE: _____ DATE: _____