

Critter Care Animal Hospital
2021 Justin Road
Suite 138
Flower Mound TX 75028
972.691-2273

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

CLIENT INFORMATION

Name _____ Spouse Name _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Work Phone _____ Spouse Work Phone _____
 Place of Employment _____ Best Time to Reach You _____
 Driver's License # _____ Social Security # _____
 E-Mail Address _____

All Fees Are Due at the Time Services Are Rendered

Please indicate choice of payment. Cash / Check Visa MasterCard
 How did you become aware of our clinic? Drove by Yellow Pages Previous Client Internet
 Personal Recommendation (Whom may we thank?)

	Pet #1	Pet #2	Pet #3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX; SPAYED OR NEUTERED			
DOG'S VACCINATION HISTORY:			
RABIES			
DHLP PARVO CORONA			
BORDATELLA			
FECAL (STOOL SAMPLE)			
HEARTWORM TEST/PREVENTION			
CAT'S VACCINATION HISTORY:			
RABIES			
DIST-RHINO CHLAMYDIA			
LEUKEMIA TEST			
FECAL (STOOL SAMPLE)			
PREVIOUS DOCTOR'S NAME/HOSPITAL			

Our pet(s) is/are: Member of our family Child's pet Backyard Pet

Any previous serious illnesses or surgeries? _____

Is your pet on any special diets or medications? _____

Would you like to be present during treatment of your pet? Yes No

Signature: _____ Date: _____