

Bay Area Veterinary Specialists

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Veterinary Surgical Group, LLP

Veterinary Medical Specialists of Houston

Owner Information

Miss _____

Ms. _____

Mrs. _____

Mr. Client last name _____ First _____ MI _____

Dr. _____

Address _____

City _____ State _____ Zip _____

Email _____ Employer Name _____

We need to be able to reach you if your pet is hospitalized – Please circle # to be called first.

Home _____ Cell _____

Work _____ Other _____

Pet Information

Name _____ Dog or Cat _____ Breed _____

DOB _____ M or MN or F or FS _____ Color _____

Referring Veterinarian _____

Name

Clinic

Has this pet or any of your other pets been seen here before? Y/N Which doctor? _____

Payment Information

We accept the following methods of payment – cash, personal check, Visa, Mastercard, Discover, American Express and CareCredit. All payment forms except cash must be made by the person owning the card or checking account and that person must present a valid ID. Additionally, if you already have a CareCredit account, you must present the CareCredit card and credit line authorization form.

Payment in full is expected at the time service is rendered. Significant deposits will be required for any hospitalized patients. Any account that is unpaid, in part or full, will bear interest at the maximum lawful rate and may be referred to civil court or a collection agency.

I, the undersigned, have read, understand and agree to the above payment policy. If my account is referred for collection or suit, I agree to pay all associated collections costs and legal fees.

Signature of Owner/Agent _____ Date _____

Tx DL or other ID _____ Exp date _____ Initials _____

New Patient History Form

Name of pet _____ Date _____

Reason for visit _____

Please list all current and recent medication (used within past 8 weeks) – name of medicine, mg (dose or strength), interval. Please include parasite prophylaxis, vitamins, supplements, etc.

Please list any places out of Houston that your pet has lived or visited

Primary diet (brand/formulation) _____

Does your pet live exclusively indoors, indoors/outdoors, primarily outdoors? _____

Has your pet ever had ticks? _____

Is your pet sensitive or allergic to any medications? _____

Any previous diagnosis of chronic disease or surgeries? _____

Has your pet had any of the following in the past 8 weeks?

Changes in appetite? Y or N

Vomiting?..... Y or N

Changes in BM?.....Y or N

Abnormal urination?..... Y or N

Abnormal thirst?..... Y or N

Coughing?..... Y or N

Sneezing?..... Y or N

Abnormal breathing?..... Y or N

Nasal discharge?..... Y or N

Any other discharge? Y or N

Any swelling or lumps?..... Y or N

Bleeding from anywhere? Y or N

Abnormal gait or lameness?..... Y or N

Fever detected by thermometer?..... Y or N

Changes in attitude or activity?..... Y or N

Weight loss or gain?.....Y or N

Changes in environment?..... Y or N

Exposure to toxins, pesticides, rat poison or

blood thinners?..... Y or N

Seizures, fainting or collapse?..... Y or N

Changes in vision, smell or hearing? Y or N