

**MEYERLAND ANIMAL CLINIC ,P.A.**  
4995 W Bellfort, Houston, TX 77035



**CLIENT INFORMATION**  
713-723-8612

Date \_\_\_\_\_ Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email (please print clearly) \_\_\_\_\_

Drivers Lic \_\_\_\_\_ State \_\_\_\_\_ Social Security\*\*\*\* \_\_\_\_\_

\*\*\* This information is required for check processing/collecting only. It is part of your private medical record and is governed by all applicable privacy laws. This information will be protected and will not be used or disseminated for any other purpose.

**Professional Fees are to be paid at the time services are rendered. We do not offer billing.** \_\_\_\_\_(Int)

**How did you find out about our clinic?**

Individual. Who may we thank for the referral? \_\_\_\_\_

Yellow Pages  Mailer  Internet  Other

**Pet Information**

Pet's name \_\_\_\_\_  Cat  Dog  Other \_\_\_\_\_ Color \_\_\_\_\_

Breed \_\_\_\_\_ Birthdate \_\_\_\_\_ Male/Female  Spayed/Neutered

**Vaccine History (Dates)**

Dogs:  Rabies \_\_\_\_\_  DHLP \_\_\_\_\_  Parvo \_\_\_\_\_  Kennel Cough \_\_\_\_\_

Cats:  Rabies \_\_\_\_\_  FVRCP \_\_\_\_\_  FELV \_\_\_\_\_  FIV/FIP \_\_\_\_\_

**Privacy laws do not permit us to release medical information such as vaccine information without your permission. If another clinic, kennel, groomer requests this information may we release it?**

**Please sign here to consent:** \_\_\_\_\_ (option to sign).

**Signature required:**

**I understand the terms of this agreement for the care of my pet:** \_\_\_\_\_