



Cypress Falls Animal Hospital  
 9405 Huffmeister Rd Suite 170  
 Houston, TX 77095  
 (281) 858-7700 Fax: (281) 401-9676  
 www.cypressfallsah.com

Microchip #: \_\_\_\_\_

*BETTY HALBROOK, DVM*

*HEATHER THOMAS, DVM*

**Patient Information:**

PET'S NAME: \_\_\_\_\_ SPECIES: *Feline*

BREED: \_\_\_\_\_ COLOR/MARKINGS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: *M / F* SPAYED/ NEUTERED? *Yes / No*

**Patient History:**

PREVIOUS VETERINARIAN: Please Circle One *None / See Below / More on Back*

CLINIC NAME \_\_\_\_\_

PHONE \_\_\_\_\_

*May we request vaccine and health history records to be faxed from previous health providers? Yes / No*

HEALTH HISTORY: *(Continue on back if necessary)*

- ALLERGIES / VACCINE REACTIONS \_\_\_\_\_
- PRIOR SURGERIES/MEDICAL CONDITIONS / ILLNESSES \_\_\_\_\_
- CURRENT HEARTWORM/FLEA/TICK PREVENTION \_\_\_\_\_
- CURRENT MEDICATIONS \_\_\_\_\_

DIET \_\_\_\_\_ DAILY AMOUNT \_\_\_\_\_

IS YOUR PET MICROCHIPPED? *Yes / No / I Don't Know* Scanned date: \_\_\_\_\_

ANYTHING ELSE WE SHOULD KNOW ABOUT YOUR PET? *(Continue on back if necessary)*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**USE OF PETS PICTURE:**

*We like to show off our wonderful patients on our website &/or Facebook. Pictures could include, but are not limited to, before and afters of grooming or dentals. Do we have your permission to do so? Yes / No*  
*If Yes, may we also post your pet's first name Yes / No, I would like to remain anonymous*

**Owner / Agent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Office Use Only

**Name:** \_\_\_\_\_