



## Client and Pet Registration

Welcome to Terrell Heights Veterinary Hospital! Thank you for choosing us for your pet's care. Please complete this information sheet so that we may provide your pet with the best comprehensive and personalized care.

Please call your previous clinic and have your pet's records sent to us via email at [thveterinary@gmail.com](mailto:thveterinary@gmail.com) or fax (210) 822-7803

Owner's Name: \_\_\_\_\_  
 Spouse/Significant Other: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

***Our hospital uses e-mail for appointment and vaccine reminders. Please supply your email if you would like these reminders.***

Pet's Name: \_\_\_\_\_ Species: Dog\_\_\_ Cat\_\_\_ Other\_\_\_  
 Age/ Date of Birth: \_\_\_\_\_ Breed: \_\_\_\_\_  
 Color/Markings: \_\_\_\_\_ Sex: M\_\_\_ F\_\_\_ Neutered\_\_\_ Spayed\_\_\_

When/Where were your pet's last vaccines? \_\_\_\_\_  
 Has your pet been tested for heartworm disease? \_\_\_\_\_  
 Has your pet had any previous illnesses/injuries? \_\_\_\_\_

Does your pet have any known allergies? \_\_\_\_\_  
 Does your pet take any medications/supplements? \_\_\_\_\_

What kind of food does your pet eat? \_\_\_\_\_  
 (Brand, dry/canned, amount)  
 Is your pet on parasite prevention? \_\_\_\_\_  
 (Nexgard, Bravecto, Nexgard Combo, Revolution, Heartgard, Simparica Trio, ProHeart, Other)  
 How much time does your pet spend outdoors? \_\_\_\_\_  
 Is there anything else you would like us to know about your pet? \_\_\_\_\_  
 Are there any other pets in your household? \_\_\_\_\_

Reason for your visit today? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How did you hear about Terrell Heights Veterinary Hospital?  
 Friend\_\_\_ Relative\_\_\_ Whom may we thank? \_\_\_\_\_ Hospital Sign\_\_\_ Google/Internet\_\_\_