

Cooper Animal Clinic

1136 Heights Blvd Houston Texas 77008 713-861-1155 713-861-7793(fax)

New Client Form.

Please fill this form out completely and bring this and any vet records that you have to your appointment. This includes any blood work. Be sure to bring with you a fresh stool sample. If you need to have records faxed to the clinic our fax number is 713-861-7793.

First Name: _____ Last Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

How did you hear about our clinic? _____

Number of Pets: Dogs _____ Cats _____ Other: _____

Pets Name: _____ Dog Cat Other: _____

Breed: _____ Color: _____ Birthdate: _____

Male Female Neutered/Spayed? Yes No

What do you feed your pet? _____

When was the last time your pet was vaccinated? _____

What Vaccines were given? _____

Has your pet been diagnosed with any health problems? Yes No

If so, please list: _____

Is your pet on any medications? Yes No

Cooper Animal Clinic

1136 Heights Blvd Houston Texas 77008 713-861-1155 713-861-7793(fax)

Page 2 Name: _____

If so, please list as it is critical that Dr. Cooper has this information: _____

What flea prevention are you using? _____

What heartworm preventative are you using? _____

What is the purpose of your visit? _____