



# Crystal Mountain Animal Hospital

## Client/ Patient Information Sheet

Your Name \_\_\_\_\_  
Spouse Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Business Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Other Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Pet's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Breed \_\_\_\_\_ Species (Dog/Cat) \_\_\_\_\_  
Color and Markings \_\_\_\_\_  
Male  Female  Neutered (Male)  Spayed (Female)   
Microchip/ Tattoo# \_\_\_\_\_

How did you hear about us?

- Personal Referral: name: \_\_\_\_\_  
 Veterinary Practice referral: Name \_\_\_\_\_  
 Hospital Sign  
 Yellow Pages Ad (What book?) \_\_\_\_\_  
 Internet (what source): \_\_\_\_\_  
 Website: \_\_\_\_\_

*Full payment is required at the time services are provided. I understand that the hospital staff will provide an estimate of current and anticipated charges anytime I request one. By signing below, I am requesting that veterinary care be provided for pets presented by me and agents. I understand that I am financially responsible for all services provided.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Crystal Mountain Animal Hospital  
8947 Bee Cave Road, Suite 206  
Austin, Texas 78746

Phone: 512-263-2900  
Fax: 512-263-8399



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## What is your pet's history?

Does your pet have any allergies to medications or other substances? Yes or No  
If so, what are they? \_\_\_\_\_

Has your pet had any previous medical problems or been treated for any major medical problem(s)? Yes or No  
If so, what are they? \_\_\_\_\_

Is your pet currently on any medications? Yes or No  
If so, what are they? \_\_\_\_\_

Has your pet previously been on any medications? Yes or No  
If so, what were they? \_\_\_\_\_

Does your pet have any behavior problems? Yes or No  
If so, what are they? \_\_\_\_\_

When was your pet last seen for an annual exam? \_\_\_\_\_/Were any vaccines given? \_\_\_\_\_

When and where did you get your pet? \_\_\_\_\_

Has your pet lived or traveled outside of your immediate area? Yes or No  
If so, Where? \_\_\_\_\_

Where does your pet spend the majority of their time?  
Indoors \_\_\_\_\_% and Outdoors \_\_\_\_\_%

Has your pet been boarded in the last six months? Yes or No

Are there any other animals in your household? Yes or No  
Cats names \_\_\_\_\_  
Dogs names \_\_\_\_\_

Is your pet exposed to any other animals outside of your home? Yes or No  
\_\_\_\_\_

What food do you feed your pet? \_\_\_\_\_

How much food do you feed your pet daily. \_\_\_\_\_

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