

# T.L.C. ANIMAL HOSPITAL

14870 Space Center Blvd.; Suite L -- Houston, TX 77062 -- (281)282-9944

## NEW CLIENT INFORMATION GATHERING SHEET:

### CLIENT INFORMATION:

Owner Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone #s: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ SSN: \_\_\_\_\_ E-mail: \_\_\_\_\_

Is owner a senior citizen? (65 years and over): YES // NO

### PATIENT INFORMATION:

Pet's Name: \_\_\_\_\_ Species (circle one) DOG // CAT

Sex: \_\_\_\_\_ Is pet spayed/neutered? YES // NO DOB (Age): \_\_\_\_\_

Reason for visit today: \_\_\_\_\_

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### HOW DID YOU HEAR ABOUT OUR CLINIC? (please pick **ONE**):

\_\_\_\_ Client Referral ( \_\_\_\_\_ )

\_\_\_\_ Location/Sign      \_\_\_\_ Humane Organization      \_\_\_\_ Emergency Clinic

\_\_\_\_ Internet      \_\_\_\_ Yellow Page Ad      \_\_\_\_ Silent Auction

\_\_\_\_ Change Magazine      \_\_\_\_ Neighborhood Newsletter

\_\_\_\_ Other- please specify: \_\_\_\_\_

**ALL FEES ARE DUE UPON RECEIPT- WE HAPPILY ACCEPT CASH, CHECKS (ELECTRONIC), ALL MAJOR  
CREDIT CARDS, AND CARE CREDIT**

**ESTIMATES ARE AVAILABLE UPON REQUEST**