



Compassionate Care for Your Pet Family Member

Owner Name \_\_\_\_\_ Co-Owner/ Spouse Name \_\_\_\_\_  
Primary Phone \_\_\_\_\_ Co-Owner's Phone \_\_\_\_\_  
Main E-mail \_\_\_\_\_ Co-Owner's email \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
How did you hear about us?  Internet Search  Sign  Yelp  Facebook  OTHER: \_\_\_\_\_  
 Who can we thank for referring you? \_\_\_\_\_  
Previous Veterinary Provider/ Clinic/Hospital? \_\_\_\_\_  
Are previous records are under a different owner or pet name? \_\_\_\_\_  
Do you have pet insurance?  YES  NO With which company? \_\_\_\_\_  
Patient Name \_\_\_\_\_ Species  Dog  Cat  Other \_\_\_\_\_  
Sex :  Female  Spayed  Male  Neutered Breed \_\_\_\_\_ Color \_\_\_\_\_

How long have you owned pet? \_\_\_\_\_  
Where did you acquire pet? **Breeder / Pet Store / Individual / Found / Rescue** Birthday \_\_\_\_\_ Age \_\_\_\_\_  
Currently on heartworm prevention?  Yes  No If yes what type/brand? \_\_\_\_\_ Vaccinations current?  Yes  No  
What is your pet's diet (Adult/ Puppy/Mature)( brand) \_\_\_\_\_  
Does your pet have any **drug allergies** or **medical problems** that we should know about? \_\_\_\_\_  
Please list any medications your pet is on \_\_\_\_\_  
**Reason for visit today:** \_\_\_\_\_

\*\*\*\*IS YOUR PET MICROCHIPPED?  YES  NO  
\*\*\*\*WOULD YOU LIKE YOUR PET TO BE CHIPPED TODAY?  YES  NO

Partnering with you for your pet's care is often the highlight of our day, and we enjoy sharing those moments with the community via social media!  
Do you consent to the occasional snap shot of your pet?  YES, I'm in!  NO, I'd rather not.

**I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I understand that these charges are to be paid at the time of release and that a deposit may be required for urgent care and/or surgical treatment. How do you plan to pay today (please circle)?**

- \*Cash \*Credit (3% service charge) \*Debit \*Care Credit \*Scratch Pay
- (We do not accept checks)

I also understand and agree to the hospital's policy regarding appointments and prescriptions: **failure to keep an appointment for my pet without at least 24 hours notice will result in a service fee in the amount of the office visit (up to \$75).** This applies whether an appointment is being re-scheduled or canceled without the aforementioned notice, and to no-shows. If you are requesting medications from an outside pharmacy, a written prescription will be given to you at the time of your visit for *no charge*. Any written prescriptions requested via an outside pharmacy will incur a \$10 administrative prescription fee.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_



Dr. Mike Hicks \* Dr. Sandra Harris \* Dr. Mary Salgado  
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