



Healthy Practices.
Healthier Pets.

Clear Creek Animal Hospital
2729 Nasa Parkway, Seabrook TX 77586
(281) 326-5523-Voice (281) 326-5997-Fax
Dr. Kimberly Runge Dr. Patricia Parker



REGISTRATION

Owners Name _____ Spouse/Other _____
Address _____
City _____ Zip Code _____ Driver's License Number _____
Home Phone _____ Work Phone _____
Cell Phone _____ Employer _____

PET HEALTH HISTORY

Pet's Name _____ Date of Birth/ Approximate Age _____
Type of Animal Dog Cat Other _____ Sex of Animal Male Neutered Female Spayed
Breed _____ Color _____
Is your pet current on its vaccinations? Yes No Date last vaccinations were given _____
Please list any medications your pet is currently taking (Including Heartworm Prevention) _____

Cats: Has your **cat** been tested for FeLV or FIV? Yes No Has your **cat** been declawed? Yes No
Is your **cat** Inside Outside Both
Dogs: Does your **dog** go to board or be groomed? Yes No Does your **dog** swim in lakes? Yes No
Please check any of the following symptoms or conditions that your pet is being seen for today:
Bleeding Gums Behavior Problems Coughing Weight Problems Seizures
Diarrhea Urinary Problems Gagging Breathing Problems Cancer
Limping Loss of Balance Scooting Scratching Weakness
Seems Depressed Shaking Head Sneezing Increased Thirst/Urination Vomiting
Hyperthyroidism Dental Problems Lack of Appetite Hypothyroidism Diabetes
Kidney Disease Anesthetic Problems Sensitive Stomach Eyes Bulging or Bloodshot Heartworms
Food Allergies Skin Allergies Heart Disease Vaccine Reactions Pancreatitis
Arthritis Orthopedic Surgery Liver Disease Feline Leukemia FIV
Vaccinations Other _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatments.
Signature of Owner _____ **Date** _____