

# CREEKSIDE ANIMAL HOSPITAL

New Client & Patient Information

## OWNER INFORMATION

Name _____	Spouse's Name _____
Address _____	Cell Phone _____
City _____ State _____ Zip _____	Employer _____
Home Phone _____ Cell _____	Work Phone _____
Drivers License # _____ State _____	E-mail Address _____
Employer _____	Other Emergency Contact _____
Work Phone _____	Relationship to you _____
E-mail Address _____	Phone _____

## PET INFORMATION

Name _____	Name _____	Name _____
Dog ___ Cat ___ Age _____	Dog ___ Cat ___ Age _____	Dog ___ Cat ___ Age _____
(Sex) M or F	(Sex) M or F	(Sex) M or F
Spayed/Neutered Yes or No	Spayed/Neutered Yes or No	Spayed/Neutered Yes or No
Breed _____	Breed _____	Breed _____
Color _____	Color _____	Color _____
Does this pet have any known allergies to medications/vaccines? _____	Does this pet have any known allergies to medications/vaccines? _____	Does this pet have any known allergies to medications/vaccines? _____
If yes, what? _____	If yes, what? _____	If yes, what? _____
Current medications _____	Current medications _____	Current medications _____
_____	_____	_____

### Please tell us how you heard about us:

Friend referral? Give us their name as we would like to thank them \_\_\_\_\_

Veterinarian referral? Give us their name as we would like to thank them \_\_\_\_\_

\_\_\_ Location \_\_\_ Newspaper \_\_\_ Our marquee \_\_\_ Previous client \_\_\_ Phonebook \_\_\_ www.cahpet.net \_\_\_ Other

## PAYMENT OPTIONS

We accept Visa, MasterCard, Discover, Cash or checks with proper identification. We do not have payment plans or charge accounts. If you need an estimate on services please ask, we will be happy to provide that for you before services are rendered. There will be a minimum charge of \$35 on all returned check.

## AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe or treat the above described pet(s). I assume full responsibility for all charges incurred in the care of this animal. I also understand that these charges will be due at the time of service. I am also giving permission to Creekside Animal Hospital to use pictures of my pet(s) on their website.

Signature \_\_\_\_\_ Date \_\_\_\_\_