

# Client/Pet Information

How did you hear about us?

- Friend \_\_\_\_\_  
 Yellow Pages    Clinic Sign    Web site  
 Google    Newspaper Ad    New Resident Program  
 Other \_\_\_\_\_



## CONTACT INFORMATION

Client Name _____			
Last	First	M.I.	Spouse's first name
Address _____		City, State and Zip	
Number and Street			
Client E-mail address _____			
Client phone (____) _____ - _____      (____) _____ - _____      (____) _____ - _____			
Home		Work	Cell
Spouse phone (____) _____ - _____      (____) _____ - _____			
Work		Cell	
Alternate Emergency Contact _____			
Name		Phone number	

## PET INFORMATION

	Pet #1	Pet #2	Pet #3	Pet #4
Name				
Species (dog/cat)				
Breed				
Color/Markings				
Age or DOB				
Male or Female				
Spayed/Neutered?				
Microchip #				

## PREVIOUS CARE

Previous veterinary hospital _____	Phone number (____) _____ - _____
Previous veterinarian _____	Pet insurance provider _____

I hereby authorize the staff of Creekside Pet Care Center to render any treatment which is deemed necessary to the health of my pet(s) while in custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding with the treatment. I understand that I will be financially responsible for all emergency procedures including the Estimate of Charges provided to me in person or over the telephone. I understand that professional fees are to be paid at the time of the service rendered and a deposit is required on all pets admitted to the hospital.

\_\_\_\_\_  
Signature of owner, agent, good Samaritan

\_\_\_\_\_  
Date