

# CLIENT & PET INFORMATION



**CREEKSIDE**  
 24/7  
 PET CARE CENTER

## How did you hear about us?

- Friend \_\_\_\_\_
  Sign
  Print Advertisement  
 Internet Search Engine
  Website
  Direct Mail
  Other \_\_\_\_\_

## Contact information

Client Name \_\_\_\_\_  
Last First Spouse's First Name  
 Address \_\_\_\_\_  
Number and Street City State Zip Code  
 Client Email 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				
Dog or Cat				
Breed				
Color/Markings				
Age or DOB				
Male or Female				
Spayed/Neutered?				
Microchip#				

## Do you have a current family veterinarian?

No
  Yes  
 Would you like us to contact a previous vet for records for your pet?
  Yes  
 Clinic Name \_\_\_\_\_  
 Clinic Name \_\_\_\_\_ We will update your family veterinarian regarding your visit today.

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 a deposit is required on all pets admitted to the hospital. I understand that professional fees are to be paid at the time of the service rendered and that should my account payments not be kept in in good standing, that my account may be forwarded to a third party collections agency which may affect my credit rating.

**Download this form, fill it out and e-mail it to [csr.group@creeksidepetcare.com](mailto:csr.group@creeksidepetcare.com) or print it and bring it in with you to your appointment. We will review it and collect your signature when your pet arrives.**

Signature of Owner / Agent / Good Samaritan \_\_\_\_\_ Date \_\_\_\_\_