

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? _____
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 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.

Download this form, fill it out and e-mail it to 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 _____