

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 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 _____