

Creature Comforts Veterinary Hospital

Client Information (Person completing this form.)

PRIMARY _____ SPOUSE/OTHER _____

ADDRESS (Include Lot or Apt #) _____

CITY _____ STATE _____ ZIPCODE _____

PHONE (Cell) _____ LANDLINE _____ SPOUSE _____

EMPLOYER _____ PHONE _____
(REQUIRED TO ACCEPT CHECK PAYMENT.)

SPOUSE/OTHER EMPLOYER _____ PHONE _____

PRIMARY EMAIL _____

SECONDARY EMAIL _____

Pet Information

Pet 1

Pet 2

NAME _____

SPECIES (Dog, Cat, Rodent) _____

BREED _____

AGE/DATE OF BIRTH _____

COLOR _____

CIRCLE ALL THAT APPLIES:

MALE

NEUTERED

MALE

NEUTERED

FEMALE

SPAYED

FEMALE

SPAYED

Pet 3

Pet 4

NAME _____

SPECIES (Dog, Cat, Rodent) _____

BREED _____

AGE/DATE OF BIRTH _____

COLOR _____

CIRCLE ALL THAT APPLIES:

MALE

NEUTERED

MALE

NEUTERED

FEMALE

SPAYED

FEMALE

SPAYED

PREVIOUS VETERINARIAN: _____

Will you be using us as **(PLEASE CIRCLE ONE OF THE FOLLOWING):** URGENT CARE or PRIMARY CARE

COMMUNICATION PREFERENCE: PHONE EMAIL TEXT

How did you hear about us? _____

FLIP OVER →

By Checking Below, I acknowledge the following policies at Creature Comforts Veterinary Hospital:

- ☐ Professional fees are due at the time services are rendered.
- ☐ We accept various payment methods, including cash, credit, debit, checks, Scratch Pay, and CareCredit. Please note that the cardholder must be present to utilize CareCredit, and it cannot be processed over the phone. While checks are not permitted during the initial visit, local checks may be accepted in future visits with proper identification. We retain the right to refuse check payments, and a fee of \$25 will be charged for any returned checks.
- ☐ As a new client, I acknowledge that a prepayment equivalent to the exam fee is necessary when scheduling my appointment. I accept that failure to give the required cancellation notice will result in the loss of my prepayment.
- ☐ I acknowledge that a 24-hour notice for cancellation or rescheduling an appointment is preferred; however, a minimum notice of 2 hours is necessary to prevent the need for a prepayment for future bookings.
- ☐ I understand arriving late for my appointment, I may not be seen at my scheduled time and will be given the option for a drop-off admission or to reschedule to the next available appointment.

Please check the following directives, if you approve:

- ☐ Release of medical/vaccination records for my pet(s) to other veterinary clinics/hospitals, boarding/grooming facilities and City Hall.
- ☐ My pet(s) medical/vaccination records to be emailed to my personal email(s) noted above.
- ☐ My pet(s) photo to be displayed on Creature Comforts Veterinary Hospital's Facebook or social media sites.

PRIMARY signature _____ Date _____