

# 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

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 \_\_\_\_\_