

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 \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

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

PREVIOUS VETERINARIAN: \_\_\_\_\_

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

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

- PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.
- WE GLADLY ACCEPT: VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS, DEBIT CARDS, CARECREDIT (CARD HOLDER MUST BE PRESENT AND CARECREDIT IS NOT ACCEPTED VIA PHONE FOR PAYMENT) CASH, CHECKS\* (Local)

*\*We reserve the right to decline payment by check. Checks are not accepted on the initial visit. A \$25 fee will be charged for returned checks.*

**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 noted above.
- My pet(s) photo to be displayed on Creature Comforts Veterinary Hospital's Facebook or social media sites.

**COMMUNICATION PREFERENCE:**      PHONE      EMAIL      TEXT

PRIMARY signature \_\_\_\_\_ Date \_\_\_\_\_