

CREATURE COMFORTS VETERINARY HOSPITAL

CLIENT INFORMATION (Person completing this form.)

PRIMARY _____ SPOUSE/OTHER _____

ADDRESS (Including Lot or Apt. #) _____

CITY _____ STATE _____ ZIPCODE _____

PHONE (Cell) _____ Landline _____ Spouse _____

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

SPOUSE/OTHER EMPLOYER _____ PHONE _____
(REQUIRED TO ACCEPT CHECK PAYMENT.)

EMAIL ADDRESS _____
(WE WILL NEVER SELL YOUR EMAIL ADDRESS.)

PET INFORMATION

PET 1

PET 2

NAME _____

SPECIES (DOG/CAT) _____

BREED _____

AGE/DATE OF BIRTH _____

COLOR _____

MALE NEUTERED
FEMALE SPAYED

MALE NEUTERED
FEMALE SPAYED

PREVIOUS VETERINARIAN WITH PET(S) RECORDS: _____

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, CARECREDIT, DEBIT CARDS, 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.

How did you become aware of our hospital:

- Drove/Walked By
- Internet (social media/website)
- Family/Friend _____

PREFERRED METHOD OF COMMUNICATION:

Phone

Email

Text

PRIMARY Signature _____ **Date** _____