



# Creekside Animal Hospital

*Welcome, we appreciate the opportunity to serve you and your pets!*

DATE \_\_\_\_\_ Reason for today's visit \_\_\_\_\_

OWNER'S Name \_\_\_\_\_ CO-OWNER/SPOUSE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
*Street/ P.O. Box City, State Zip*

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Spouse Cell Phone \_\_\_\_\_

E-MAIL address \_\_\_\_\_

In case of an emergency, contact \_\_\_\_\_ at \_\_\_\_\_

**How did you FIRST hear about us?** *Friend Local Business Drive By Google Facebook Instagram Twitter Pinterest Yelp*

**If referred, who may we thank?** \_\_\_\_\_

<u>Pets Name</u>	<u>Birth date</u>	<u>Species</u>	<u>Breed</u>	<u>Color</u>	<u>Male or Female</u>	<u>Spayed, Neutered</u>
1. _____						
2. _____						
3. _____						
4. _____						

Previous veterinarian (if none please indicate N/A) \_\_\_\_\_ Phone: \_\_\_\_\_

Type of heartworm prevention \_\_\_\_\_ Flea/Tick Prevention \_\_\_\_\_

Has your pet had any illnesses in the last year? Yes No If yes, please list \_\_\_\_\_

Please list any other family members that are authorized to pick up your pet (s):  
\_\_\_\_\_

- In the event that your pet's medical records need to be transferred to another professional facility, do you authorize Creekside Animal Hospital to share records? (Referral, boarding/grooming, ER, animal control, etc.)

Please initial one: I authorize transfer \_\_\_\_\_ I do not authorize transfer without my verbal consent \_\_\_\_\_

- We have a social media presence at Creekside Animal Hospital and enjoy photographing our patients which we sometimes share on social media sites with permission. Please join us on Facebook, Twitter, Instagram, Google+, and Pinterest!

Please initial one: I authorize the use of my pet's picture \_\_\_\_\_ I do not authorize the use of my pet's picture \_\_\_\_\_

***As the owner or agent for the owner, I assume full responsibility of all charges incurred for the care of my animals. I also understand that all charges will be paid at the time of release and that a deposit may be required for surgical and/or emergency treatments.***

**OWNER/RESPONSIBLE PARTY SIGNATURE** \_\_\_\_\_