

New Client Form - Creature Comforts Animal Hospital

Primary Owner Information:

First Name: _____ Last Name: _____
Address: _____ City: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Employer: _____ Work Phone: _____
Driver's License Number: _____ State issued: _____
E-Mail Address: _____

Our practice provides FREE Pet Portals for our clients with e-mail addresses. Please ask a team member for more information. We offer this service free of charge. You must have your e-mail address on file to receive this service.

Co-Owner Information (Spouse, Significant Other, Family Member):

First Name: _____ Last Name: _____
Address: _____ Zip Code: _____ City: _____
Home Phone: _____ Cell Phone: _____
Employer: _____ Work Phone: _____

How would you prefer we contact you? Home Cell Work E-mail
How did you learn about our practice? Internet Hospital Sign News Paper Ad
Personal Reference Who (we'd like to thank them): _____

Where can we call to receive your pet's previous medical records? _____

Pet's Information:

Name: _____ Cat <input type="checkbox"/> Dog <input type="checkbox"/>	Name: _____ Cat <input type="checkbox"/> Dog <input type="checkbox"/>	Name: _____ Cat <input type="checkbox"/> Dog <input type="checkbox"/>	Name: _____ Cat <input type="checkbox"/> Dog <input type="checkbox"/>
Breed: _____	Breed: _____	Breed: _____	Breed: _____
Color: _____	Color: _____	Color: _____	Color: _____
Birth Date/Age: _____	Birth Date/Age: _____	Birth Date/Age: _____	Birth Date/Age: _____
Sex: _____	Sex: _____	Sex: _____	Sex: _____
Spayed or Neutered: Y or N	Spayed or Neutered: Y or N	Spayed or Neutered: Y or N	Spayed or Neutered: Y or N

At your request we will gladly discuss costs of services and/or prepare a written treatment plan for recommend procedures. Payment is expected at the time services are rendered. Deposit may be required prior to treatment.

We except Cash, Checks, Debit Cards, Visa, MasterCard, and Discover. There will be a \$35 fee for returned checks.

Photo/Video Release

I, the undersigned, hereby grant the above referenced entity permission to use, reuse, publish, and broadcast in any and all media my name and the photographs or video footage taken of me or my pet in which I may be included with others.

I release the above referenced entity from any demands arising out of the use of photographs, video, and audio material including, without limitation, all claims for libel or invasion of privacy. I am of full age and contract in my own name.

By signing this form I am agreeing to the above and authorizing Creature Comforts Animal Hospital to examine and treat my pet(s).

Signature: _____ Date: _____