Date: _____

Indian Creek Veterinary Hospital

Client Information

Name: _____
Last First Middle Initial

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home #: _____ **Work #:** _____ **Cell #:** _____

Employer: _____ **Address:** _____

E-Mail Address: _____

Spouse's name: _____
Last First Middle Initial

Spouse's Employer: _____

Employer Address: _____ **Phone #:** _____

Name of any other person to authorize treatment: _____

I give authorization to Indian Creek Veterinary Hospital to provide medical and/or vaccination information on my pet(s) when inquired by boarding, grooming or training facilities, adoption/rescue groups or other veterinary clinics. If you choose not to sign, you will need to provide consent at each request. Thank you.

Signature _____ **Date** _____

Patient's Name: _____ **Dog** ___ **Cat** ___ **Bird** ___ **Other** ___

Breed: _____ **Sex: M** ___ **F** ___ **Spayed/Neutered: Y N**

Date of Birth: _____ **Weight:** _____ **Color/Markings:** _____

Allergies: _____ **Vaccines up to date? Y N**

Rabies: 1yr ___ **3yr** ___ **Past medical problems:** _____

Patient's Name: _____ **Dog** ___ **Cat** ___ **Bird** ___ **Other** ___

Breed: _____ **Sex: M** ___ **F** ___ **Spayed/Neutered: Y N**

Date of Birth: _____ **Weight:** _____ **Color/Markings:** _____

Allergies: _____ **Vaccines up to date? Y N**

Rabies: 1yr ___ **3yr** ___ **Past medical problems:** _____

How did you choose Indian Creek?

___ **Referred by** _____

___ **Noticed sign by the street** ___ **Yellow Pages** ___ **Other**

*****Payment is due at the time of service. We accept the following forms of payment:**
Cash, Check, Visa, Master Card, Discover, American Express & Care Credit

I agree to the payment terms and certify the above information to be true,

Signature _____ **Date** _____

Thank you for choosing Indian Creek Veterinary Hospital.

AAHA
The Standard of Veterinary Excellence