



**How did you hear of our practice?** \_\_\_\_\_

**CLIENT INFORMATION**

Owner(s) Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Can we text you with reminders? \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Household peanut allergies: Y / N

**PET INFORMATION**

1. Pet's Name: \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_ Other: \_\_\_\_\_

Sex: M \_\_\_ F \_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Breed: \_\_\_\_\_

Neutered/Spayed: Y \_\_\_ N \_\_\_ Color: \_\_\_\_\_

Who was/is your previous vet? \_\_\_\_\_

2. Pet's Name: \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_ Other: \_\_\_\_\_

Sex: M \_\_\_ F \_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Breed: \_\_\_\_\_

Neutered/Spayed: Y \_\_\_ N \_\_\_ Color: \_\_\_\_\_

Who was/is your previous vet? \_\_\_\_\_

**AUTHORIZATION**

I hereby authorize the veterinarian to examine, prescribe, and/or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit of half the estimated cost will be required for surgical treatment.

**\*\*Payment for all services are due at the time of the visit\*\***

**\*\*We accept Visa, Mastercard, Discover, American Express, Care Credit, and Cash\*\***

**\*\*PERSONAL CHECKS ARE NOT ACCEPTED AT FIRST VISIT\*\***

**\*\*City Creatures Animal Hospital utilizes social media as a business form of marketing and as an educational resource for pet owners. Within the context of promoting the business, we would like to use images, videos, and/or information regarding your pet's health condition. If you do not wish to participate simply check the box below and initial.\*\***

 Opt Out

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_