



New Client Information Form (please print clearly)

Date _____

Owner's name: _____

Home Address: _____

City, Zip Code: _____

Home Telephone Number: _____ Business Phone: _____

Co-owner's name: _____ Relationship to Owner: _____

Fax number: _____ Owner's Cell Phone: _____

Why did you choose our practice today? Yellow Pages Sign Location Website Recommendation

Referred by (if a client recommended us we would like to thank them): _____

E-mail Address: _____ Would you like to receive reminders via email? ___Yes ___No

SS Number: _____ Driver's License #: _____

Occupation: _____ Employer: _____

Business address: _____ City: _____ Zip: _____

Co-owner's Occupation: _____ Employer: _____

Co-owner's Business Phone: _____

Co-owner's Cell Phone: _____

Do we have your permission to allow clinics or other individuals access to your pet's medical records? Yes or No

How do you plan to pay today? Cash Check Debit Card Visa Mastercard Discover American Express

Payment is required at time of visit or dismissal. We do not bill or have payment plans. If you have any questions or concerns regarding this policy or your bill please feel free to ask the doctor BEFORE services are rendered. We will make every effort to fit within your budget.

I agree to the above payment policy: _____

Thank you for choosing Creekside Animal Hospital