

# Welcome to Elm Creek Animal Hospital

## CLIENT INFORMATION

Owner Name \_\_\_\_\_

Spouse/Significant Other \_\_\_\_\_

Address \_\_\_\_\_

Spouse Cell \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Spouse Work \_\_\_\_\_

Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

If necessary, may we call you at work? Yes No



## PATIENT INFORMATION



Name \_\_\_\_\_

Is your pet current on vaccines? Yes No

Species (dog/cat/etc.) \_\_\_\_\_

Approx. date of last vaccines \_\_\_\_\_

Breed (Lab/Boxer/etc.) \_\_\_\_\_

Does your pet have any known allergies? \_\_\_\_\_

Sex \_\_\_\_\_ Neutered/Spayed? Yes No

Color/Markings \_\_\_\_\_

Is your pet on any medications or supplements? Which? \_\_\_\_\_

Date of Birth/Age \_\_\_\_\_

(Cat's Only) Declawed? Yes No

Any special health concerns? \_\_\_\_\_

Microchip/Tattoo ID? Yes No

What is the most important thing for us to know about you or your pet in order to best serve you? \_\_\_\_\_

Please list all of your current pets: \_\_\_\_\_

How did you hear about us? (Please Circle)

Drive by Our Website Other internet site \_\_\_\_\_ Other \_\_\_\_\_

Referral- who may we thank? \_\_\_\_\_

**Payment is due in full when services are rendered and estimates are available upon request:**

We accept: Cash, Check (with a valid ID), Visa, MasterCard, Discover, and Care Credit

*Signature* \_\_\_\_\_

*We love to welcome our new patients by sharing their picture on our facebook page. We love seeing our family grow! By signing below, you are DECLINING to share your pet's picture.*

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