



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: _____

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: _____