



pine creek
VETERINARY HOSPITAL

Client/Owner Information

Last name _____ First Name _____ Spouse's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Email (for newsletters, reminders, etc) _____

Owner: Work Phone _____ Cell Phone _____ DL # _____

Co-Owner: Work Phone _____ Cell Phone _____ DL # _____

Employer (owner) _____ Employer (spouse) _____

Emergency Contact Person: _____ Phone Number: _____

Please let us know if you are Military (ID required at check-out) Active Duty Retired

Please tell us how you were referred to our hospital:

- Personal recommendation (whom may we thank): _____
- Fellow Veterinarian / Colleague (please specify): _____
- Other (please specify): _____
- Website Yellow pages DexKnows.com / Internet Drive by

Patient Information

(please bring a copy of all medical records and vaccine history for each pet described below)

Name: _____ Dog Cat Other Age/DOB: _____

Breed: _____ Color/Markings: _____ Sex: _____ Neutered / Spayed (circle)

Vaccine History (date & type of last vaccines): _____

Date of Last Heartworm test (dogs): _____ OR Date of Last FeLV / FIV test (cats): _____

Name: _____ Dog Cat Other Age/DOB: _____

Breed: _____ Color/Markings: _____ Sex: _____ Neutered / Spayed (circle)

Vaccine History (date & type of last vaccines): _____

Date of Last Heartworm test (dogs): _____ OR Date of Last FeLV / FIV test (cats): _____

Name: _____ Dog Cat Other Age/DOB: _____

Breed: _____ Color/Markings: _____ Sex: _____ Neutered / Spayed (circle)

Vaccine History (date & type of last vaccines): _____

Date of Last Heartworm test (dogs): _____ OR Date of Last FeLV / FIV test (cats): _____

Authorization

I hereby authorize the veterinarians of Pine Creek Veterinary Hospital to examine, prescribe for and/or treat my pet(s). I assume responsibility for all charges incurred in the care of this animal. I understand that all charges must be paid at the time of release and that a deposit may be required.

I understand that trained personnel will not attend to hospitalized or boarded animals beyond regular office hours.

Signature (owner) : _____ Date: _____ 

OFFICE USE ONLY Referral Weight Picture Reminders/Records