

## Client/Owner Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email (for all reminders, emergency recalls, health concerns or outbreaks): \_\_\_\_\_

Employer (owner) \_\_\_\_\_ Employer (spouse) \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Please tell us how you found our hospital:

Personal recommendation (whom may we thank): \_\_\_\_\_

Other (please specify): \_\_\_\_\_

Internet Search     Facebook     Drive by     Yelp     Lifetime Fitness

Does PCVH have permission to post your pet's photo on our social media sites? Sure  No thank you

## Patient Information

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

Name: \_\_\_\_\_ Dog  Cat  Age/DOB: \_\_\_\_\_

Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_ Sex: \_\_\_\_\_ Neutered  Spayed

Name: \_\_\_\_\_ Dog  Cat  Age/DOB: \_\_\_\_\_

Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_ Sex: \_\_\_\_\_ Neutered  Spayed

Name: \_\_\_\_\_ Dog  Cat  Age/DOB: \_\_\_\_\_

Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_ Sex: \_\_\_\_\_ Neutered  Spayed

Name: \_\_\_\_\_ Dog  Cat  Age/DOB: \_\_\_\_\_

Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_ Sex: \_\_\_\_\_ Neutered  Spayed

## Previous Veterinary Hospital:

I authorize Pine Creek Vet Hospital to contact my previous veterinarian listed above for medical records \_\_\_\_\_ Initials 

## 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 trained personnel will not attend to hospitalized beyond regular office hours.

Signature (owner): \_\_\_\_\_ Date: \_\_\_\_\_ 

### Please Turn Over.....

OFFICE USE ONLY     Referral in C.S.     Referral log     Reminders     Records     Picture     E-mail check    \_\_\_\_\_ Initials



## Welcome!

Thank you for the opportunity to care for your pet. We strive to provide the best care possible to all of our patients and to adequately answer all of your questions you have regarding your pet.

We ask that you read the following and sign / initial below.

## Financial Policy

### **All professional fees are due at the time that services are rendered!**

In order to provide you the highest quality of services, we cannot extend credit from our office.

A 50% deposit will be required for extensive hospitalization, surgical, or emergency procedures.

We accept the following methods of payment:

- Cash
- Visa / MasterCard / Discover / American Express
- Money orders
- Personal checks – In state
- Care Credit – *for bills over \$500*

**We do not accept post-dated checks and will not hold checks for any period of time.** There will be a \$35.00 administration fee for all returned checks. **We require a valid driver's license each time we accept a check.**

I have read the above Financial Policy and agree to the terms.

Signature of responsible party: \_\_\_\_\_ Date: \_\_\_\_\_



## Cell Phone Policy

In order to provide you with the best possible care for your animals, **we kindly ask that you silence your cell phones while inside of our hospital building.** Although cell phones cannot interfere with our equipment, they do interfere with your scheduled appointment time with the doctor and subsequent client appointments. We appreciate your understanding and cooperation in this matter.

Please Initial \_\_\_\_\_

