

		Ne	w Client Form				
Date							
mm/dd/yy							
Owner's name							
	First name	Last name	Cell phone ()			
			Home Phone ()			
			Work Phone (
		Email					
Co-Owner							
	irst name	Last name	Cell phone ()			
		Home Phone ()				_
		,) Work Phone ()			
			,				_
Addresses							
Addresses	street	apt	city		state	zip code	
		Hos	pital Policies	;			
		Арр	ointment Policy				
To allow a	ample time for all p	atients and schedule	•	dures, we	operate pr	imarily by ap	pointment.
		top priority, which					
	e attempt to see ea		,		,		
	-	erally preferred, drop	o-off appointmen	ts can be	arranged f	or your conv	enience if
	_	oring your pet at the	• •		_	•	
	•	rop off sometime in		•			
		ly reserved for admi					
• •	• •	•	•				
		nstructions. FOR TH	E SAFETY OF OUR	STAFFAI	ND THE OT	HER ANIIVIA	LS IN OUR CARE,
	T ALL VACCINATIO			ام ملمامات			1:441
		effort to make our p					
	-	and other pets. This			•	•	pet. we
request that anim	ials always be place	d on a leash or in pe			ne waiting	room.	
For your	protection and that	t of others, all <mark>dogs r</mark>	ent Arrival Policy		oorly conti	rollod while i	n the waiting area
		esented in an approp			•		_
	·	if possible in their n		on on a rea	SII. LAUCIC	pocket pets	and birds must also
be properly restra	illied ill a carrier or,	_	ayment Policy				
We require full po	gyment at the time	that services are re		convenie	nce. we ac	cept Visa. M	astercard.
• —		ay, cash, and persor					-
		urgery appointments					
Creek Animal Hos	pital reserves the ri	ght to refuse service	due to unpaid ba	alances or	the accou	unt.	
			ease of Medical F				
By signing	g this form, I author	ize CCAH to share m			eterinary	entities as re	lated to the care of
		edical records share					
	By signing this docu	iment, you agree to	the terms and po	licies indi	cated in th	e terms abov	<u>'e.</u>
Owner's signature			D:	ate			
5.0				· ·			



PLEASE LIST THE <u>VISTING</u> PETS BELOW (please ask for additional page if you have more than 4 pets):

Name of Pet(1)			male/ female (circle one)			
Dog / Cat / Rabbit / Bird / Other:	Neuter	Neutered / spayed / intact (circle one)				
Breed	Birth Date/ Age	_	Color			
		mm/dd,				
Previous Vet Information						
Clinic name		Phone ()			
Doctor(s) name(s)						
Name of Pet (2)			male/ female (circle one)			
Dog / Cat / Rabbit / Bird / Other:						
Breed						
Microchip/ tattoo #						
Previous Vet Information		ппп/аа/уууу				
Clinic name		Phone ()			
Doctor(s) name(s)						
Name of Pet (3)						
Dog / Cat / Rabbit / Bird / Other:						
Breed			Color			
		mm/dd/yyyy				
Previous Vet Information		-1 /	,			
Clinic name						
Doctor(s) name(s)						
Name of Pet (4)			male/ female (circle one)			
Dog / Cat / Rabbit / Bird / Other:		Neuter				
Breed						
Microchip/ tattoo #						
Previous Vet Information		,, , , , ,				
Clinic name		Phone ()			
Doctor(s) name(s)						
.,						
() Check here if we can share cute	photos of your pet(s) we take on ou	r social media pages!			
(We promise we only post the r	most flattering ones)	©				