



GET ACQUAINTED/NEW PATIENT FORM

Date: _____

Account: _____

CLIENT INFORMATION

Client Name: _____

Client Date of Birth: _____

Spouse/Alternate Contact: _____

Street Address: _____

Mailing Address (if different from street address): _____

Primary Phone Number: _____ Secondary Phone: _____

Employer: _____ Work Phone: _____

Email Address: _____

I have reviewed the following information. I have updated any incorrect information, and agree this is now correct.

_____ (Initials)

PATIENT (PET) INFORMATION

Name: _____ Sex: _____ Neutered/Spayed: _____

Date of Birth: _____ Breed: _____ Color: _____

Vaccinated in the past year? _____ If yes, where? _____

I give my permission to share my pet's medical records/information with the following (check all that apply):

- Boarding/Grooming Facilities
- Other Veterinarian Clinics (including but not limited to specialty practices)
- Animal Control/Law Enforcement
- Rescue/Shelter Groups
- Other (Please Specify): _____

Photo Consent: *I hereby grant Creekside Animal Hospital & Wellness Center permission to use my pet or my pets likeness in photographs/videos in any and all of its publications and in any and all other media, where now know or hereafter existing. I will make no monetary or other claim against Creekside Animal Hospital & Wellness Center for their use.* _____ (Initials)

How did you hear about us? Other DVM/Clinic Shelter/Rescue Online/Social Media Drive By

Current Client Current Employee Family/Friends Other _____

If you were referred, who may we thank? _____

Terms & Conditions:

- *Payment is due when services are rendered.*
- *Creekside Animal Hospital and Wellness Center reserve the right to assess collection and/or attorney fees associated with non-payment.*
- *The client agrees to pay any and all court/attorney fees necessary to enforce this agreement.*

I have read and agree to the terms and conditions. _____ (Initials)

Signature: _____

Date: _____