



# Hill Creek Veterinary Hospital

## Client Information Sheet

*Thank you for giving us the opportunity to serve you and your pet. Please help us to meet your needs by taking a moment to complete this information sheet.*

Today's date \_\_\_\_\_

Client ID #(staff use) \_\_\_\_\_

Name \_\_\_\_\_ Spouse/Partner Name \_\_\_\_\_

Mailing address \_\_\_\_\_

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

Home telephone \_\_\_\_\_ Email Address \_\_\_\_\_

May we contact you via email with patient information or newsletters? **Yes No**

You

Spouse/Partner

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Work Telephone \_\_\_\_\_

Work Telephone \_\_\_\_\_

May we call you at work during business hours? **Yes No**

May we call at work during business hours? **Yes No**

Cell phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Pager \_\_\_\_\_

Pager \_\_\_\_\_

If another person is authorized by you to bring your pet(s) in for treatment, please tell us about them:

Name \_\_\_\_\_ Relationship to owner \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Other phone \_\_\_\_\_

**IN CASE OF EMERGENCY, if we cannot reach the people listed above, WHOM SHOULD WE CALL?**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

How did you first hear about our hospital?

Referred by (so we may thank them) \_\_\_\_\_

Yellow pages     Rescue Group, Animal Shelter     Sign     Newspaper     Internet/Website

Other \_\_\_\_\_

Preferred doctor(s) :     Dr. Rachel Davis     Dr. Bonnie Terll     No Preference

We consider our pet(s) to be:     Family members     Pets     Possessions

COMMENTS \_\_\_\_\_

### Assumption of Financial Responsibility

I certify that I am at least eighteen years of age and I assume responsibility for all charges incurred or services rendered to all patients for whom I or my designated agent authorize treatment. I understand that full payment is due at the time service is rendered and that a deposit may be required for any hospitalized or boarding pet. Further, I understand there is a \$25 service charge for returned checks and that unpaid balances will accrue interest at the rate of 1.5% per month (18% per annum) compounded monthly. Unresolved accounts with no activity for over 30 days may be subject to a late fee and collection proceedings or legal action.

Owner / Responsible party \_\_\_\_\_ Date \_\_\_\_\_

## Tell us about your pet(s):

### Pet # 1:

Name: _____	Age/ D.O.B. : _____	
Sex: M F	Spayed/ Neutered? YES NO	Species: CAT DOG OTHER
Color/Markings: _____		
Breed: _____		
Allergies: _____	INDOOR / OUTDOOR	MICROCHIP? YES NO
Cautions / Special Instructions: _____		
Previous Veterinarian / Hospital: _____	Phone: _____	

### Pet # 2:

Name: _____	Age/ D.O.B. : _____	
Sex: M F	Spayed/ Neutered? YES NO	Species: CAT DOG OTHER
Color/Markings: _____		
Breed: _____		
Allergies: _____	INDOOR / OUTDOOR	MICROCHIP? YES NO
Cautions / Special Instructions: _____		
Previous Veterinarian / Hospital: _____	Phone: _____	

### Pet # 3:

Name: _____	Age/ D.O.B. : _____	
Sex: M F	Spayed/ Neutered? YES NO	Species: CAT DOG OTHER
Color/Markings: _____		
Breed: _____		
Allergies: _____	INDOOR / OUTDOOR	MICROCHIP? YES NO
Cautions / Special Instructions: _____		
Previous Veterinarian / Hospital: _____	Phone: _____	