

Welcome to Creatures Great and Small Veterinary Hospital

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have any questions we'll be glad to help you. We look forward to working with you in managing your pet's health.

Client Information

Name _____ Date _____
Last Name First Name MI

Soc. Sec. # _____ Driver's License # _____

Address _____

City _____, State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Employer _____ Occupation _____

Business Address _____ Business Phone _____

Spouse or Co-owner _____ Home Phone _____ Cell Phone _____

How did you learn about our practice? _____

Notify in case of emergency _____

Home Phone _____ Cell Phone _____

Prior Veterinarian _____ Records Available? Yes ___ No ___

Pet Information

Pet's Name _____ Dog Cat Other _____

Age/Birthday _____ Sex: Male Female Breed _____ Color _____

Neutered / Spayed At what age? _____

Where did you obtain your pet? Friend Breeder Pet Shop Humane Society Other _____

At what age was the pet obtained? _____ Months/Years

For what purpose was the pet obtained? Companionship Protection Breeding Show Other _____

*Please list additional pets you would like us to care for on reverse side.

Diet (kind of pet food) _____

Describe any prior illness: _____ Injury: _____

Reason for pet's visit: _____

Owner authorizes Creatures Great & Small to obtain records from prior vet _____ Initials

We will gladly prepare a written estimate of service fees if you desire (please ask your doctor, technician or receptionist). All professional fees are due at the time services are rendered. In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept major credit cards. There will be a service charge for any check returned unpaid.

To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccinations and free from internal and external parasites. The signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice.

****Must be 18 years of age or older to obtain an account with us or have someone on the account that is of age****

Signature of client responsible for pet(s) _____ Date _____

Additional Pet's in your home you would like us to care for

Pet's Name _____ Dog Cat Other _____

Age/Birthday _____ Sex: Male Female Breed _____ Color _____

Neutered / Spayed At what age? _____

Pet's Name _____ Dog Cat Other _____

Age/Birthday _____ Sex: Male Female Breed _____ Color _____

Neutered / Spayed At what age? _____

Pet's Name _____ Dog Cat Other _____

Age/Birthday _____ Sex: Male Female Breed _____ Color _____

Neutered / Spayed At what age? _____