

# NORTH CREEK ANIMAL HOSPITAL – NEW CLIENT FORM

Email: \_\_\_\_\_

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

Spouse/Co-Owner

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

Primary number to receive text messages: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## **ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED**

	PET #1	PET #2	PET #3	PET #4
Name:				
Breed:				
DOB/Age:				
Sex	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Spayed / Neutered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you were referred to our clinic, please let us know by whom: \_\_\_\_\_

List previous serious illnesses and surgeries: \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

Is your pet on any special diet or medication? \_\_\_\_\_

I grant North Creek Animal Hospital full permission to use any and all images of my pets, myself and my family taken at the clinic for the sole use of advertising and promotion. This includes but is not limited to photographic prints, website, Facebook or YouTube display.

How did you hear about us? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**We accept cash, credit/debit card, Care Credit, and ScratchPay.**