

# Forest Creek Animal Hospital

## Client/Pet Information Sheet

Owner's Name:

Last Name	First Name	MI	Spouses Name Or Additional Owner(s)
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Address:

Number	Street	City/State	Zip
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Phone Numbers:

( )	( )
Home	Cellular

( )	( )
Work	Other

Driver's License#:

State:

DOB:

Emergency contact Name:

Phone:

Pet's Name:

Breed:

Color:

CANINE

or

FELINE

DOB:

Male

or

Female

Date(s) vaccinations were given:

Spayed or Neutered

Pet's Name:

Breed:

Color:

CANINE

or

FELINE

DOB:

Male

or

Female

Date(s) vaccinations were given:

Spayed or Neutered

I hereby authorize the staff of Forest Creek Animal Hospital to render any treatment, which is deemed necessary to my pet(s) health while in the custody of the hospital. I understand that in the event of any unusual or emergency circumstances the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding with treatment. I understand that I will be financially responsible for all emergency procedures including the estimate of charges provided to me in person or over the telephone. I understand that professional fees are to be paid at the time services are rendered and a deposit is required on all pets admitted to the hospital.

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Signature: Owner, Agent, Good Samaritan (circle one)

Please circle your preferred method of payment: Cash Check Credit