



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 _____

Needed for your Pet Portal & so we may we contact you via email with your pet's reminders.

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 _____

Email _____

Email _____

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

Name _____ Relationship to owner _____

Cell Phone _____ Work Phone _____

Please list children of the home _____

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) _____

Internet/Website Rescue Group, Animal Shelter Sign Facebook Local Publication

Other _____

Preferred doctor(s): () Dr. Bonnie Ammerman () Dr. Cindy Jones () Dr. Lydia Scheidler

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: _____	