



**Welcome to Big Creek Pet Hospital
New Client - Pet Information**

Thank you for choosing Big Creek Pet Hospital. Please provide the following information for our records. If you have any questions and/or comments about this form or our practice please let us know.

Client Information:

Date: _____

Your Name: _____
(LastName) (First Name) (MI)

Spouse Name: _____
(LastName) (First Name) (MI)

Are you an existing client? Yes ___ or No ___ (If yes, please skip ahead to the Pet information section.)

Address: _____ City/Zip Code: _____

Home Phone: (____) _____

Work Phone: (____) _____

Cell Phone: (____) _____

Spouse Cell: (____) _____

Email: _____ Emails are kept strictly confidential. We use them as a means to contact you with important information.

Driver's License No: _____ State Issued _____

How did you learn about our practice: _____
(If a friend or relative referred you here, please let us know their name so we can thank them.)

Do you have other pets? If so, would you please let us know number and type (Please specify by type):

Pet Information:

Pet's Name: _____ Birthday: _____ Age: _____

Dog ___ Cat ___ Ferret ___ Rabbit ___ Other _____

Male ___ Female ___ Neutered/Spayed: Yes ___ No ___ Declawed (cats): Yes ___ No ___

Breed _____ Description _____

Please describe your pet's diet: _____

May we ask your previous veterinarian for your pet's records please? Yes ___ No ___

Hospital Name _____ Location _____

Hospital Phone No.(if not local) _____

Authorization

I hereby authorize Big Creek Pet Hospital's staff to examine, prescribe for, or treat the above-described pet(s). I assume responsibility for all charges incurred in the care of the animal. I understand that **All Professional Fees are due at the time services are rendered. I also authorize Big Creek Pet Hospital to contact me by phone, mail, and email in the future.**

Owner's/Agent Signature: _____ Date: _____