



Fall Creek

VETERINARY MEDICAL CENTER

Thank you for giving us this opportunity to care for your pet. Please help us meet your needs better by completing the following information. If you have any questions, do not hesitate to ask a staff member for assistance. This information will be kept completely confidential.

INFORMATION ABOUT YOU

Your Name: Mr. Mrs. Miss Ms. Dr. _____

Spouse/Other: _____

Children (First Name and Ages): _____

Address: _____
Street City State Zip Code

Residence Phone: () _____ Cell Phone: () _____ Work Phone: () _____

Preferred phone contact number: Home Cell Phone Work

E-Mail Address: _____

Employer: _____ Occupation: _____

Spouse/Other's Employer: _____ Occupation: _____

Driver's License #: _____ State: _____

In case of Emergency, Contact: _____ Phone: () _____

How did you first hear of us?

- Yellow Pages—Print Online Yellow Pages Humane Society/Animal Shelter/Rescue Robin's Nest
 www.fallcreekvet.com Drove by/Hospital sign Search Engine Newspaper
 Individual recommendation by: _____
 Other: _____ Someone we may thank

Are you interested in having our monthly newsletter emailed to you? Yes No

May we release current vaccination records to boarding/grooming facilities who request them without contacting you first? Yes No

INFORMATION ABOUT YOUR PET

Pet's name: _____ Dog Cat Other: _____

Breed: _____ Color: _____ Sex: M F Neutered? Yes No

Date of birth (approximately): _____ Spayed? Yes No

Is your pet microchipped? Yes No

Previous Veterinarian (if any): _____ Phone (if known): _____

Second Pet's name: _____ Dog Cat Other: _____

Breed: _____ Color: _____ Sex: M F Neutered? Yes No

Date of birth (approximately): _____ Spayed? Yes No

Is your pet microchipped? Yes No

Third Pet's name: _____ Dog Cat Other: _____

Breed: _____ Color: _____ Sex: M F Neutered? Yes No

Date of birth (approximately): _____ Spayed? Yes No

Is your pet microchipped? Yes No

Reason for today's visit:

Professional fees are due at the time services are rendered. We accept cash, checks, Visa, Mastercard, and Discover. We will be happy to provide a written estimate of fees for any case where in-hospital treatment, surgery or hospitalizations will be provided. A deposit prior to treatment may be required. Thank you for entrusting us with your pet's care.