



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 #1: () _____ Cell Phone #2: () _____

Preferred phone contact number: Home Cell Phone #1 Cell Phone #2

E-Mail Addresses: _____

Employer: _____ Occupation: _____

Spouse/Other's Employer: _____ Occupation: _____

Preferred contact for appointments/other reminders: Text Email Phone Any/All of these

Driver's License #: _____ State: () _____

In case of Emergency, Contact: _____ Phone: _____

How did you first hear of us?

- Drove by/Hospital Sign Humane Society/Animal Shelter/Rescue Facebook/Instagram
- Google Search/Review AAHA Referral Yelp/Other: _____
- www.fallcreekvet.com Next Door App
- Individual recommendation by: _____
(Someone we may thank)
- Other: _____

Are you interested in receiving email or blog updates (no more than monthly)? Yes No

We sometimes post photos to our social media sites, without last names. Please initial here if you prefer to opt out: _____

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 Neutered? Yes No

Date of birth (approximately): _____ F 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 Neutered? Yes No

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

Is your pet microchipped? Yes No

Name(s) & species of additional pet(s): _____

Reason for today's visit: _____

Professional fees are due at the time services are rendered. We accept cash, checks, all major credit cards and Care Credit. 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.