



Cypress Creek Animal Hospital New Client Form

We know your pet's health is important and we thank you for trusting us to care for them. To help us provide the best care possible, please take a few moments to fill out this form completely.

Name of Pet Owner: (Last) _____ (First) _____

Employer (Name and Number): _____

Spouse / Other Name: _____

E-Mail Address: _____

Social Security Number (Required For Payment Security): _____ - _____ - _____

Address: _____

(City, State) _____ (Zip) _____

Telephone: (Home) _____ (Cell) _____

Military ID (10% discount): YES NO If Yes, when does it expire: ____/____

How did you learn about our clinic? _____

Pet's Name: _____ **Canine / Feline / Other:** _____

Breed: _____ **Color:** _____ **Birthday / Age:** _____

Male Intact **Male Neutered** **Female Intact** **Female Spayed**

Has your pet been seen elsewhere? YES NO

If so, where can we call for records: _____

Which is your preferred method(s) of receiving vaccine and appointment reminders?

Email Text Message Post Card

ALL FEES ARE DUE AND PAYABLE UPON COMPLETION OF SERVICES

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat, or perform surgery upon the pet(s) listed above. Furthermore, I agree to pay fees for all services rendered at the time the pet is discharged from the hospital. I agree to pay for the costs of collection, attorney fees, and court costs in the event that collection efforts become necessary. I agree that the venue of this action will be in the parish where the hospital is located. I understand that veterinary service is provided during nighttime hours as necessary in the judgement of the veterinarian in charge.

Signature _____ **Date** _____