



NEW CLIENT INFORMATION SHEET

Date: _____

Name: _____ SSN# _____

Spouse's Name: _____ SSN# _____

Children's name(s): _____

Address _____

City _____ Zip _____ County _____

Phone _____ Cell Phone Number _____

Email address: _____

Do you wish to receive our newsletters? _____ (free) Available via Email only.

Drivers License Number _____

Employer _____ Work Phone _____

Spouse's Employer _____ Work Phone _____ Can you receive calls at work? _____

Previous Veterinary Care Provided by: _____

How did you learn of Creature Comforts Veterinary Service?

_____ (please include name of person who referred you)

Waiver:

I am the owner/agent of pets listed on back of this page. I understand that payment is due at time services are rendered. All checks returned NSF will result in a \$35 fee to the owner. Aggressive animals will be muzzled for safety.

I understand that all treatments, including vaccines, can have adverse side effects. I hereby give Creature Comforts LLC permission to care for my pet. I release Creature Comforts LLC from all liability should an adverse reaction to vaccine, medication or treatment occur.

I understand that no guarantee has been made as to the treatment results that may be obtained. I understand that complications may arise which cannot be predicted. I understand that I will be financially responsible for any veterinary medical care necessitated by complications.

If I am offered alternative/complimentary medical care and choose this route of care/treatment for my pet(s), I understand that this is not the standard of care set forth by the American Veterinary Medical Association. I understand that I can choose not to pursue alternative/complimentary medical care.

I understand that Creature Comforts does NOT provide Specialty Medicine or Surgery Care. As the pet's owner/agent, I am responsible for finding Emergency Care from a specialty veterinary clinic of my choice.

Signed _____ Date: _____

Pet Information #1

Pet Name: _____

Dog or Cat (circle) **Gender:** male female neutered male spayed female (circle one)

Age: _____ Date of Birth if known _____

Breed: _____ Color/Markings _____ Weight _____

Microchip ID/Tattoo _____

LAST VACCINES WERE GIVEN ON WHAT DATE: Distemper _____ Rabies _____

Has your pet had any serious injuries/illness? _____ If so, what? _____

Is your pet on any medication? _____ If so, what? _____

Does your pet have any allergies? _____ Any allergies to medication? _____

Any other pertinent information? _____

Pet Information #2

Pet Name: _____

Dog or Cat (circle) **Gender:** male female neutered male spayed female (circle one)

Age: _____ Date of Birth if known _____

Breed: _____ Color/Markings _____ Weight _____

Microchip ID/Tattoo _____

LAST VACCINES WERE GIVEN ON WHAT DATE: Distemper _____ Rabies _____

Has your pet had any serious injuries/illness? _____ If so, what? _____

Is your pet on any medication? _____ If so, what? _____

Does your pet have any allergies? _____ Any allergies to medication? _____

Any other pertinent information? _____

Pet Information #3

Pet Name: _____

Dog or Cat (circle) **Gender:** male female neutered male spayed female (circle one)

Age: _____ Date of Birth if known _____

Breed: _____ Color/Markings _____ Weight _____

Microchip ID/Tattoo _____

LAST VACCINES WERE GIVEN ON WHAT DATE: Distemper _____ Rabies _____

Has your pet had any serious injuries/illness? _____ If so, what? _____

Is your pet on any medication? _____ If so, what? _____

Does your pet have any allergies? _____ Any allergies to medication? _____

Any other pertinent information? _____

Do you consider your pets as members of the family or just a pet? (Circle one)