

NEW CLIENT / PATIENT INFORMATION FORM

The staff of Creekview Veterinary Hospital welcomes you to our facility and respectfully requests the information referenced below, in order to provide the highest level of patient care possible. We assure you that this information will only be utilized for medical related purposes by CVH and its technical consultants.

CLIENT INFORMATION

Mr. Mrs. Ms. Dr. (circle one) First Name: _____ Last Name: _____

Co-Owner's First Name: _____ Co-Owner's Last Name: _____

Street Address: _____ Apt. No.: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Employer: _____

PATIENT INFORMATION

Pet's Name: _____ Sex: Female Male Neutered or Spayed?: Yes No

Species: Canine (Dog) Feline (Cat) Other Pet's Date of Birth (Month/Day/Year): ____ / ____ / ____

Breed: _____ Color: _____

Reason for Pet's Visit Today: _____

Does your pet have any allergies, special medication requirements or health issues our staff should know about? Yes No

If yes, please explain: _____

What type/brand of food does your pet eat? _____ Treats? _____

Dates of Last Vaccinations

Where were the most recent vaccinations given? _____

Who was your previous Veterinarian? _____ Phone: _____

Dogs: DA2PP (Distemper / Adenovirus / Parainfluenza / Parvo): _____ Rabies: _____ Kennel Cough: _____

Heartworm Test: _____ Is your dog on heartworm preventives? Yes No Flea / Tick? Yes No

Cats: FVRCP (Feline Rhinotracheitis / Calicivirus / Panleukopenia): _____ Rabies: _____ Feline Leukemia: _____

HOW DID YOU HEAR ABOUT US?

Website Community Day Welcome Wagon Referral: _____

Penny Power Social Media Ribbon Cutting Coca-Cola Park / IronPigs Advertising

Drive-By Halloween Parade Open House Other: _____

Payment is required upon rendering of services. For your convenience, we accept payment in the form of cash, check or credit card (Visa, MasterCard & Discover). By signing below I verify that all the information provided above is accurate.

Please be advised that to accept any form of payment other than cash, we require proper identification also be provided.

Signed: _____ Date: _____