



New Client Form

Welcome to Our Practice!

Owner First and Last Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Alternate Phone:** _____

Email Address: _____

Pet's Name	Male or Female? (M/N)	Spayed or Neutered? (S/N)	Breed	Color	Birth Date or Approximate Age
1.					
2.					
3.					
4.					
5.					

Previous History:

Name of Previous Vet in Order to Request Records: _____

Do Any Pets Listed Above Have Pre-Existing or Chronic Conditions? _____

How Did You Hear About Us? (Circle One)

Google Search

Drove By

Hunter's Creek Magazine

Coupon Book

Mailbox Ad

Facebook

Instagram

Client Referral (Name: _____) Rescue Group (Name: _____)

Other: _____

I, the undersigned owner, consent to the examination and care of the pet(s) listed above by Crystal Creek Animal Hospital. I affirm I am at least eighteen years of age and I assume financial responsibility for the charges associated with the care of my pet(s). I acknowledge payment for services is always due at the time they are rendered, and understand any and all financial concerns should be discussed with the doctor prior to diagnostics and/or treatment.

Signature: _____ **Date:** _____