

Welcome to Sycamore Creek Animal Hospital. Our staff is dedicated to the optimum in patient care and will do our utmost to make your pet's visit pleasant and beneficial. Please feel free to ask any questions concerning the treatment of your pet or other policies of the clinic. To help us serve you better, please provide us with the following information.

Date: \_\_\_\_\_

**Client's Information:**

Owner's Name: \_\_\_\_\_ Spouse's Name : \_\_\_\_\_

Other adults authorized to act on your behalf: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Spouse Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Spouse Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ (used for health reminders and appointment confirmations)

Previous Veterinarian Information: \_\_\_\_\_

**Pet's Information:**

#1 - Pet Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ DOB: \_\_\_\_\_

Sex (circle one): Female Unaltered      Female Spayed      Male Unaltered      Male Neutered

Any previous illness or surgeries? \_\_\_\_\_

Is he/she on any special diets or medications? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

#2 - Pet Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ DOB: \_\_\_\_\_

Sex (circle one): Female Unaltered      Female Spayed      Male Unaltered      Male Neutered

Any previous illness or surgeries? \_\_\_\_\_

Is he/she on any special diets or medications? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

More pets at home? Please ask us for an additional page!

I hereby authorize Sycamore Creek Animal hospital to examine, diagnose, treat, and prescribe for my pets. I understand 24-hour care may not be provided. Estimates are always available upon request. Payment is due at time services are rendered, and finance charges will be assessed to overdue balances. Returned checks are subject to an additional finance charge.

Signature of Owner or Agent: \_\_\_\_\_