

Stenner Creek Animal Hospital
New Client/Patient Form

Chart Number: _____

Date: _____

Thank you for trusting Stenner Creek Animal Hospital to care for your pet. So that we may become better acquainted, please complete the following:

Client Information

Owner 1: _____

Last

First

Middle Initial

Driver's License _____

Social Security #: _____

Owner 2: _____

Relationship: _____

Last

First

Middle Initial

Current Address: _____

Street

City

State

Zip

Permanent _____

Street

City

State

Zip

Primary Phone: _____

Secondary Phone: _____

Owner 2 Phone: _____

Place of employment: _____

Phone: _____

May we contact you at work? Yes No

Would you like to receive reminders by Texting Yes No

Email _____

Would you like to receive reminders by email? Yes No

Permission to use pictures, history, or medical information about your patients in the media? i.e. Print materials, our website, or our facebook Yes No

Previous Vet _____

Phone _____

How did you hear about us? _____

Patient Information

Pet #1 (check one): Cat Dog

Name _____

Breed: _____

Color: _____

Date of Birth: _____

Sex: _____

Spayed/Neutered

MICROCHIPPED

Known Medical

Conditions: _____

Pet #2 (check one): Cat Dog

Name: _____

Breed _____

Color: _____

Date of Birth _____

Sex: _____

Spayed/Neutered

MICROCHIPPED

Known Medical

Conditions: _____

Payment Policy: FULL PAYMENT IS EXPECTED UPON RENDERING OF SERVICES. Alternative payment plans must be discussed prior to the start of treatment. Deposits are required on major/surgical cases, trauma cases, and emergency work where hospitalization is required. There is a fee for all refunded checks. Outstanding balances upon accounts may result in account information being sent to a collections agency.

Signature of Owner or Representative: _____