



GET ACQUAINTED INFORMATION

Account

Date: _____

Client Name: _____

Client Date of Birth: _____

Spouse/Alternate _____

Street Address: _____

Mailing _____
(If different from Street Address)

() - _____ **2nd** () - _____

E-mail: _____

Employer _____

Work Phone () - **ext:** _____

I have reviewed the following information. I have updated the incorrect information, and agree this is

Initials _____

Pet Information

Name _____ **Sex:** _____ **Neutered/Spayed** _____ **Date of Birth:** _____

Breed _____ **Color** _____

Vaccinated in the past year? _____ **If yes, where?** _____

Photo Consent: I hereby grant Creekside Animal Hospital & Wellness Center permission to use my pet or my pet's likeness in photographs/videos in any and all of its publications and in any and all other media, whether now known or hereafter existing. I will make no monetary or other claim against Creekside Animal Hospital & Wellness Center for their use.

Initials: _____

How did you learn about us? _____

If you were referred, who may we thank? _____

Terms and Conditions:

- Payment is due when services are rendered
 - Creekside Animal Hospital reserves the right to assess collection and/or attorney fees associated with non-payment
 - The client agrees to pay any and all court/attorney fees necessary to enforce this agreement.
- I have read and agree to the terms and conditions.

Signature _____