

Welcome to Elm Creek Animal Hospital

CLIENT INFORMATION

Owner Name _____

Second Owner _____

Address _____

Second Owner Cell _____

City, State, Zip _____

Second Owner Work _____

Home Phone _____

Cell Phone _____

Work Phone _____

Email Address _____

If necessary, may we call you at work? Yes No



PATIENT INFORMATION



Name _____

Is your pet current on vaccines? Yes No

Species (dog/cat/etc.) _____

Approx. date of last vaccines _____

Breed (Lab/Boxer/etc.) _____

Does your pet have any known allergies?

Sex _____ Neutered/Spayed? Yes No

Color/Markings _____

Is your pet on any medications? Please list:

Date of Birth/Age _____

(Cats Only) Declawed? Yes No

Any special health concerns?

Microchip/Tattoo ID? Yes No

ID # _____

What is the most important thing for us to know about you or your pet in order to best serve you?

Please list all of your current pets: _____

How did you hear about us? (Please Circle)

Location Website Champlin Chronicle Other _____

Referral- who may we thank? _____

Payment is due in full when services are rendered and estimates are available upon request:

We accept: Cash, Check (with a valid ID), Visa, MasterCard, Discover, and Care Credit

Signature _____

We love to welcome our new patients by sharing their picture on our facebook page. We love seeing our family grow! By signing below, you are DECLINING to share your pet's picture.
