



WELCOME!

New Client Information



Thank you for choosing Pacific Crest Companion Animal! We are a full service hospital with three veterinarians on staff to meet your pet's needs. We believe in quality and compassionate care. Our goal is to give you and your pets the best care available and make every visit as pleasant as possible.

Owner Name: _____ **Date:** _____

Spouse: _____

Address: _____ **City/State/Zip** _____

Phone Numbers: Home _____ Cell _____ Work _____

Owner Date of Birth: _____ **Driver's License Number & State** _____

This information is required in case we ever need to prescribe a controlled drug for your pet.

E-mail: _____

Good news! We do NOT share email addresses with third parties. We use email for communication about your pet, such as discounts, promotions or health alerts.)

Preferred method of contact: (circle one) **Call to Cell** **Text Message** **Email**

How did you hear about us? _____

(If it's word of mouth, let us know by whom! We will send them a thank you and a gift certificate for their next visit.)

Payment is due at time of service. Please select payment form below:

Cash

Check

Debit/Credit Card

Care Credit

Please tell us about your pet:

Name: _____ **Breed:** _____ **Age:** _____

Species: _____ **Sex:** _____ **Spayed/Neuter**

Color: _____ **Microchip#** _____

Next page please...



Temperament *Please circle all that apply:*

| | | | | |
|----------|---------|-----------------|------------|-----|
| Friendly | Relaxed | Nervous | Cuddly | Shy |
| | Fearful | Loves attention | Aggressive | |

Medications: _____

Vaccines current? YES NO **Don't Know?** *No worries! We can request your pet's records.*

Previous Veterinary Clinic name & city: _____

Diet: _____

Does your pet share the household with other pets? Dogs: YES NO Cats: YES NO

Names and types of other pets _____

I certify that the above information is true and complete, and Pacific Crest Companion Animal can rely on this information. I agree to keep Pacific Crest Companion Animal informed of any changes to the information provided above.

Additionally, and upon the occasion of a missed appointment, "No Show" or cancellation made without 24 hour advance notice, I understand Pacific Crest Companion Animal reserves the right to charge a \$25.00 fee, per scheduled patient, to client's credit / debit card for any subsequent "No Shows", missed appointments or cancellations made without 24 hour advance notice. Effective 8/13/2018

| | |
|-------------------------------|-------------|
| _____ | _____ |
| Owner/Client Signature | Date |