

# Sweetwater Creek Animal Hospital

## Client Information Sheet

Owner's Name \_\_\_\_\_ Client # \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Place of Employment(self) \_\_\_\_\_

Work Phone Number( ) \_\_\_\_\_ May we contact you at work? Yes / No

Spouse's Name(or co-owner) \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Phone Number( ) \_\_\_\_\_ May we contact you at work? Yes / No

Emergency Contact \_\_\_\_\_ Phone Number( ) \_\_\_\_\_

Pet's Name	DOB	Sex	Breed	Color
1.) _____	_____	_____	_____	_____
2.) _____	_____	_____	_____	_____
3.) _____	_____	_____	_____	_____
4.) _____	_____	_____	_____	_____
5.) _____	_____	_____	_____	_____

How did you hear about our clinic? \_\_\_\_\_

**Please read and initial the following:**

\_\_\_\_\_ **Returned Checks:** There will be a \$30.00 service charge on all returned checks.

\_\_\_\_\_ **Missed Appointments:** Please call at least 30 minutes before your scheduled appointment time if you need to cancel or reschedule. Once you have accumulated three No-Show appointments you will be charged \$45.00 for the office visit.

\_\_\_\_\_ **Financial Policy:** Full payment is due at the time of services. We accept cash, checks, Discover, Visa, Mastercard, and Citi Health Card. A deposit of 50% may be required before extensive services are rendered. **We do not hold checks.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name