



Last Name: _____ First Name: _____

Spouses Name: _____ D.O.B.: _____ (This is for any controlled drugs that may be dispensed.)

Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ Zip: _____

Employer: _____ Spouses Employer: _____

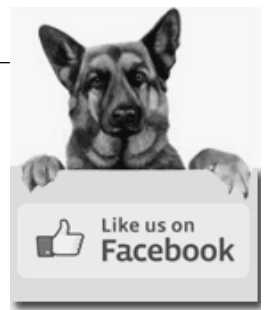
Occupation: _____ Spouses Occupation: _____

Employer Phone: _____ Spouses Employer Phone: _____

E-Mail Address: _____ How did you hear about us? _____

To be able to accept payment by check we will need the following information:

Calif. Driver's License #: _____



PET INFORMATION



Name: _____

Name: _____

Canine : ____ Feline: ____ Other: _____

Canine : ____ Feline: ____ Other: _____

Breed: _____ Color: _____

Breed: _____ Color: _____

Sex: Male/Female Microchipped?: Yes/No

Sex: Male/Female Microchipped?: Yes/No

Altered? Yes ____ Not yet ____ Breeding? ____

Altered? Yes ____ Not yet ____ Breeding? ____

Birthday: _____

Birthday: _____

Current Vaccinations? Yes ____ No ____

Current Vaccinations? Yes ____ No ____

Previous records at: _____

Previous records at: _____

Would you like Stonecreek to request your records to be faxed to us? Yes ____ No ____ Initials ____

Payment is due when services are rendered. Pets under the care of Stonecreek Animal Hospital that require emergency medical care will be given such care until the above owner can be contacted and a mutually agreed on course of treatment determined. All necessary medical treatments and/or procedures to sustain your pet's health will be performed in accordance with the California State Veterinary Medical Board at the expense of the above said owner. This office is not staffed 24 hours a day with persons on premises during normal business hours. Stonecreek Animal Hospital is monitored by a security system and hospital personnel will be notified in the event of an emergency. By signing below you, the above said owner, agree to these terms, and indicate the information above is true to the best of your knowledge.

Signature: _____ Date: _____