

# Buies Creek Veterinary Hospital

## New client Information Form

Welcome to Buies Creek Veterinary Hospital. Please help us provide you and your pet with the best care possible by completing the information on this form.

Today's Date: \_\_\_ / \_\_\_ / \_\_\_

Primary Account Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Cell: \_\_\_\_\_ Secondary Name: \_\_\_\_\_

In case of an EMERGENCY who can we call? \_\_\_\_\_

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### How did you hear about us?

Web search \_\_\_ Facebook \_\_\_ Driving by \_\_\_ Friend (name) \_\_\_\_\_

Other (specify) \_\_\_\_\_

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### Pet Information

Name: \_\_\_\_\_ Species (cat or dog): \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age/ Birthday: \_\_\_\_\_

Gender: Male ( ) Neutered Y or N Female ( ) Spayed Y or N

Has your pet had a reaction to vaccinations or medications? Yes \_\_\_ No \_\_\_ If so what? \_\_\_\_\_

Current Medications: \_\_\_\_\_

Is your pet on heartworm prevention? \_\_\_\_\_ If so what? \_\_\_\_\_

When was your pet's last rabies vaccine? (must provide certificate) \_\_\_\_\_

Previous Vet: \_\_\_\_\_ Contact Number of previous vet: \_\_\_\_\_

Reason for today's visit? \_\_\_\_\_

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### Authorization

I hereby authorize the veterinarian to examine, prescribe for and treat any of my pets. I assume responsibility for all charges incurred in the care of these animals. I also understand that payment will be required at the time of service and that a deposit may be required for treatment. I consent to receive text messages from Buies Creek Veterinary Hospital.

\*Pictures taken of your pet may be posted on our Facebook page.

Signature of owner or agent: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_