

# Buies Creek Veterinary Clinic

## 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Appointment Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Owners Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Spouses Cell: \_\_\_\_\_ Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

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### How did you hear about us?

Internet ☐ Driving by ☐ Sign ☐ Friend (name) \_\_\_\_\_

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

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### Pet Information

Name: \_\_\_\_\_ Age/ Birthday: \_\_\_\_\_

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

Color: \_\_\_\_\_ Gender: Male ( ) Female ( ) Spayed/ Neutered? Yes \_\_\_\_ No \_\_\_\_

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

Current Medication: \_\_\_\_\_

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

When was your pet's last rabies vaccine? \_\_\_\_\_

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 the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that payment will be required at the time of service and that a deposit may be required for treatment.

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

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