

Rocky Creek Veterinary Hospital

NEW CLIENT FORM

Client First Name _____ Last Name _____
 Address _____ State _____ Zip _____
 City _____ Cell Phone _____
 Home Phone _____ Work Phone _____
 Place of Work _____ E-mail _____
 Spouse _____ Spouse's Cell _____

Pet Information:

Pet Name	Species	Breed	Color	Birth Date	Sex	Spayed/ Neutered
1.	Dog/Cat				M/F	
2.	Dog/Cat				M/F	
3.	Dog/Cat				M/F	

Are all your pets on Heartworm/flea Preventive? Yes/No

If you plan to use another vet for veterinary services, please list below. This way we can keep an updated file for your pet(s) _____

How did you hear about us? _____

I, the undersign, do hereby certify that I am the owner (or the duly authorized representative of the owner) of the pet(s) described above.

I certify that I own, or am the legal representative, and I take full financial responsibility for the above-described pet(s). I do hereby consent and authorize Rocky Creek Veterinary Hospital and its staff to transport and hospitalize pet(s), and to administer vaccinations, medications, tests, surgical procedures, anesthetics or treatments that the doctors deem necessary for the health, safety, and well-being of the above pet(s) while it is under their care and supervision. If my pet(s) should be injured in an escape attempt, refuse food, soil itself, become ill or die while in the clinic, I will hold Rocky Creek Veterinary Hospital free of any responsibility and/or liability in the absence of gross negligence. I further realize that I am responsible for payment in full for any procedures and treatments at the time my pet(s) is discharged. If I fail to pick up my pet(s) on the day of treatment, I will pay the current veterinary hospital boarding rate. I further agree that in the case of non-payment, any collection fees or attorney fees incurred during the collection effort will be paid by me. I agree to have my pet's image and name used with no medical information shared (costume contest, cute pet or welcome new patient) and I agree to have my pet's medical images shared for educational purposes with no identifying information. **All pets must be current on rabies vaccinations**, given by a licensed veterinarian, and be free of external parasites. Documentation that the vaccinations are current is the responsibility of the owner. Any pet(s) not current will be vaccinated at the owner's expense.

Signature of Owner: _____ Date: _____