



626 N. First Street, Mebane, NC 27302 • Tel 919.563.9663 • Fax 919.563.6369

**Client Information (must be age 18 or over)**

Today's Date \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Driver's License# \_\_\_\_\_  
Spouse First Name \_\_\_\_\_ Spouse Last Name \_\_\_\_\_ Driver's License# \_\_\_\_\_  
Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employer Name \_\_\_\_\_ Position \_\_\_\_\_ Work Phone \_\_\_\_\_  
Spouse Cell Phone \_\_\_\_\_ Spouse Work Phone \_\_\_\_\_  
Spouse Employer Name \_\_\_\_\_ Position \_\_\_\_\_  
Email Address \_\_\_\_\_ \*for Creekside communications only

How did you find our clinic? (Please check one.)  Yellow Pages  Sign/Location  Website  Previous Client  Other \_\_\_\_\_

Referred; whom may we thank? He or she will receive a \$10 credit. \_\_\_\_\_

Preferred Communication Method:  Telephone  Email  Postcard

We also accept Care Credit, a medical credit card that offers interest free terms. Are you a cardholder?  Y /  N Would you like more info?  Y /  N

We are now offering Wellness Plans. Would you like additional information?  Y /  N

**Patient Information (please write on back of sheet if more than two animals)**

Name \_\_\_\_\_ DOB \_\_\_\_\_  Male /  Female  Neutered /  Spayed  Dog /  Cat /  Other: \_\_\_\_\_

Breed \_\_\_\_\_ Coat Color \_\_\_\_\_ Is this pet Microchipped?  Y /  N Currently on Heartworm Prevention?  Y /  N

Any Chronic Health Issues? \_\_\_\_\_

Is your pet currently on any medications? \_\_\_\_\_ If so, what kind? \_\_\_\_\_

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Breed \_\_\_\_\_ Coat Color \_\_\_\_\_ Is this pet Microchipped?  Y /  N Currently on Heartworm Prevention?  Y /  N

Any Chronic Health Issues? \_\_\_\_\_

Currently on any medications?  Y /  N (What kind?) \_\_\_\_\_

I understand that payment is due at time of service. If my account becomes past due, I understand that it will be turned over to a third-party agency. (INITIAL) \_\_\_\_\_

**May we have your pet's records sent from another clinic for you? (please select)**

Yes, Clinic Name: \_\_\_\_\_  Not At this Time

I have reviewed the information above, and it is accurate to the best of my knowledge. I understand that prior to treatment, a full explanation of the procedure(s) involved will be given by the veterinarian and/or staff in the care of my animal(s). I agree to pay for all services rendered by this office at the time of service. I consent to the use of periodic appointment reminder phone calls, voice mail messages, postcards, email or letters and notification of special offers and events.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Clinic Use Only

Complete form entered \_\_\_\_\_  Called for Records \_\_\_\_\_  Records Entered \_\_\_\_\_  Scanned \_\_\_\_\_  Double checked \_\_\_\_\_