



Clear Creek Animal Hospital

New Client/Patient Form

Client Information

Date _____ Owner's Name _____

Primary Phone _____ Work Phone _____ Email _____

Address _____

Alternate Contact Name _____ Relation _____

Email _____ Phone _____

Pet Information

Pet's Name _____ Age _____ Date of Birth _____

Sex _____ Male _____ Female _____ Male (neutered) _____ Female (spayed) Color _____

Breed _____ How did you hear about us? _____ Google _____ Facebook _____ Yelp

_____ Drove By _____ Personal Recommendation: Who can we thank for the referral? _____

_____ Other: _____

Additional Information

Insurance Provider And Policy Number _____ Is your pet microchipped? _____ Yes _____ No

Microchip Number _____ What state did your pet come from? _____

Does your pet have any behaviors you'd like to discuss? _____

Is your dog or cat on heartworm prevention? _____ Yes _____ No If yes: _____ 6 months _____ 12 months

Is there any pertinent past history we should know? _____

How many pets are in the household? Dogs: _____ Cats: _____

Please email copies of your pet's medical records and vaccinations to us at info@clearcreekvet.com before your appointment.