

**Russell Creek Pet Clinic & Hospital**

9040 Independence Parkway  
Plano, Texas 75025, 214-547-8387

**Client Information Sheet**

Thank you for giving us the opportunity to care for your pet. So that we may better serve you, please take a minute to complete the following. We never give away, sell or distribute your information under any circumstances other than trying to reunite you with your lost pet. **Please print clearly-this information may be needed to reunite you and your pet!! Especially if wearing our rabies tag.**

Owner: \_\_\_\_\_ Partner/Spouse: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt# \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Which is the best phone number for us to reach you? (\_\_\_\_\_) \_\_\_\_\_  
Phone (Hm): (\_\_\_\_\_) \_\_\_\_\_ (Wk): (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_ Employer: \_\_\_\_\_  
Spouse's Employer: \_\_\_\_\_ Spouse's Wk #: \_\_\_\_\_  
Spouse's Cell #: \_\_\_\_\_ **Email For Reminders--Print Clearly** \_\_\_\_\_

**Emergency Contact Name and Phone Number** \_\_\_\_\_

**\*\*Driver's License Number:** \_\_\_\_\_

\*\* This item has been requested by animal control officers in the past to help reunite clients with their lost pets

Pet's Name: \_\_\_\_\_ Date of Birth or Age: \_\_\_\_\_

Male  or Female  Have they been spayed/neutered? Y  N

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Markings: \_\_\_\_\_

Diet: \_\_\_\_\_ Amount fed (cups per day): \_\_\_\_\_

Does your pet have a microchip of any kind? Y  N  If yes, number \_\_\_\_\_

Date of last vaccines: \_\_\_\_\_ Place: \_\_\_\_\_

Please note any prior medical problems or conditions: \_\_\_\_\_

Current medications your pet regularly receives: \_\_\_\_\_

Which type of heartworm preventative does your pet take? \_\_\_\_\_

Which type of flea/tick preventative? \_\_\_\_\_

Do you own any other pets? Please list them: \_\_\_\_\_

Does your pet associate with other animals(parks, grooming, boarding/training)? Y  N

Is your pet exposed to ticks? Y  N

Does your pet go to and/or swim in any lakes, ponds, or creeks? Y  N

**~Do you require a treatment plan (estimate) with your initial visit? Initial here** \_\_\_\_\_

(Treatment plans should be requested on each additional visit, if you would like one)

Reasons, questions, and concerns for this visit: \_\_\_\_\_

How did you hear about our hospital?

Drove by  Google  Internet  Mailer/Flyer  Twin Creeks Ad  Facebook

Personal Referral (please let us know who!) \_\_\_\_\_

I declare that I am the owner/agent of the pet(s) listed above and at least 18 years old. I hereby authorize release of prior medical records. I agree to pay for services as they are rendered (in order to keep costs to a minimum, we do not ever offer delayed payments). I agree to pay the total invoice before my pet will be discharged (the veterinarian may refuse to return possession of the pet(s) until all charges have been paid). In the event that payment is not forthcoming, I agree to pay any collection, legal, and court fees as well as interest at the standard rate. I authorize delinquent payments to be debited from my credit card on file (if applicable). I can be provided with an estimate for any surgeries or procedures, if requested, after the initial examination.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Thank you for entrusting us with your loved one's health and well being.

R \_\_\_ D \_\_\_ B/FEL \_\_\_ Fecal \_\_\_ HWTEST \_\_\_ Prev \_\_\_ Geri \_\_\_ Code \_\_\_ CIB \_\_\_ EB \_\_\_ REM \_\_\_