

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: _____
Phone (Hm): (____) _____
Cell Phone #: (____) _____ Spouse's Cell #: (____) _____
Which is the best phone number for us to reach you? (____) _____
Email - (Please Print) _____

Emergency Contact Name and Phone Number _____

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

Reasons, questions, or concerns for this visit: _____

~Do you require a Estimate with your initial visit? Initial here _____

How did you hear about our hospital?

Drove by Google Internet Mailer/Flyer 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:** _____

Helping Pet Celebrate More Birthdays Since 1991!

EB _____ REM _____