

Swift Creek Animal Hospital

9412 Penny Road • Raleigh, NC 27606

919-851-8387 • 919-851-VETS

swiftcreekanimal@nc.rr.com

CLIENT/OWNER INFORMATION

Date _____

Owner's Name _____

Address _____

Home # _____ Cell # _____

Spouse/Friend _____ Other Work # _____ Other Cell # _____

Email _____

How did you hear of our hospital? Drove By Yellow Pages

Individual(Who may we thank?) _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor.

CANINE FELINE OTHER _____

Name _____ Breed _____ Color _____ Age _____

Date of Birth _____

Male Female Spayed/Neutered: Yes No Date & Place of Last Exam _____

Any allergies to vaccinations or medications? Please list: _____

Are you using heartworm and flea preventatives? Please list: _____

Is your animal on any special diets or medications? Please list: _____

PLEASE GIVE RECEPTIONIST A COPY OF ANY PRIOR VACCINE HISTORY PERTAINING TO THIS PET

*****To help prevent the spread of infectious diseases, ALL hospitalized and boarded animals must be current on ALL vaccinations. DUE TO STATE LAW, ALL DOGS & CATS MUST HAVE A CURRENT RABIES VACCINATION.*****

I hereby authorize Swift Creek Animal Hospital to examine, prescribe for, or treat the pet described above. I agree to **PAY FOR SERVICES RENDERED** at the time the pet is discharged from the hospital or when service is discontinued. Methods of payment are limited to cash, check, Visa, Mastercard, or Care Credit. I certify that I have read and understand this consent form.

Signature of owner or responsible agent: _____ Date _____