

# Swift Creek Animal Hospital

9412 Penny Road • Raleigh, NC 27606

scahfrontdesk@gmail.com

919-851-8387

## CLIENT/OWNER INFORMATION

Date \_\_\_\_\_

Owner's Name \_\_\_\_\_ Preferred Pronoun \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home # \_\_\_\_\_ Cell# \_\_\_\_\_

Spouse/Friend \_\_\_\_\_ Spouse/Friend Cell # \_\_\_\_\_

Work # \_\_\_\_\_ Email \_\_\_\_\_

How did you hear of our hospital?

Drove By  Internet  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, Amex, Discover, or Care Credit. I certify that I have read and understand this consent form.

Signature of owner or responsible agent: \_\_\_\_\_ Date \_\_\_\_\_