



CLIENT INFORMATION

OWNER'S NAME (Title) _____

SPOUSE/SIGNIFICANT OTHER (Title) _____

CHILDREN'S NAMES AND AGES _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (cell) _____ (home) _____ (work) _____

EMAIL _____

OCCUPATION _____ EMPLOYER _____

WHO MAY WE THANK FOR REFERRING YOU? _____

Payment is due in full at the time services are rendered. A deposit may be required if surgery or hospitalization is necessary. Any payment information you provide will be kept private and secure.

We will do our very best for you and your pet, but as with any health professionals, we cannot guarantee any particular outcome.

Crescent City Veterinary Hospital occasionally uses patient information and photographs on our website (www.crescentcityvet.com), social media, or in educational or marketing materials. Such information may include the patient's first name, medical condition, treatment, and prognosis. Under no circumstances will the owner's name or personal information be shared through these sources.

Please indicate **HERE** () if you do NOT want your pets' information or pictures to be shared. (Participation in Puppy Play Group requires consent as we can't separate dogs from group photos. ie photo bombing)

Thank you for entrusting us with the care of your pets. If there is anything we can do to make your experience more pleasant, please do not hesitate to ask.

SIGNATURE _____ DATE _____