

# Cross Creek Animal Hospital

## Client Registration Form

Thank you for the opportunity to care for your pet. We will be happy to answer any questions you may have about your pet's health. To insure the best care possible, please take the time to fill in this form completely. **PLEASE PRINT IN ALL SPACES!**

OWNER'S NAME: \_\_\_\_\_ SPOUSE/OTHER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PRIMARY NUMBER: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

SPOUSE/OTHER CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

**DRIVER'S LICENSE #:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **EXPIRATION:** \_\_\_\_\_

HOW DID YOU HEAR ABOUT US:  Recommendation  Website  Facebook  Sign  Other \_\_\_\_\_

IF RECOMMENDED, WHO CAN WE THANK? \_\_\_\_\_

**Would you like to manage your pet's life on your smart device?**  
 By giving us your e-mail address, you will be able to download your free APP today! You will be able to use the PET DESK App to check your pet's medical records, request appointments and boarding, purchase medication and food refills and more! Be confident that we will keep your e-mail address *private*. You can also search the APP store or Play Store on your smartphone for "PetDesk."

**E-mail address:** \_\_\_\_\_

**PET HEALTH HISTORY:**

Pet's Name	Cat	Dog	Other	Birthdate	F/M	S/N	Breed	Color

Previous Veterinarian: \_\_\_\_\_

I hereby authorize the veterinarians at Cross Creek Animal Hospital to examine, prescribe for, and treat the above described pet(s). I agree to pay for all services rendered and medications, goods, and supplies when purchased. I understand that a deposit may be required for surgical or medical treatment. All accounts not paid in full within 30 days will be subject to a late charge of 1 ½ percent per month (18% per annum) on the unpaid balance. In the event of default, the undersigned further agrees to pay reasonable attorney fees (not to exceed 50% of the unpaid balance) and court costs, in addition to any late charges applicable. **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

I understand that Cross Creek Animal Hospital requires scheduled appointments to be seen. If I am unable to make my scheduled appointment, I will make every effort to contact Cross Creek Animal Hospital at least 24 hours prior to my appointment. **I understand if I miss my appointment without prior notice, my account will be charged a \$35.00 missed appointment fee. Missed surgical appointment will be charged a \$55.00 fee.**

By my signature below, I hereby agree to all of the above and acknowledge the receipt of a copy of this agreement (upon request).

Signature of Owner or Agent: \_\_\_\_\_ Date: \_\_\_\_\_