

Turtle Creek Veterinary Medical Center

5900 Jack Finney, Greenville, Texas 75402

Jonathan Rocky, D.V.M.

New Client/Pet Form

Owner's Name _____
First Middle Last
(New Client ONLY, or *changes* to current information)
Address _____ City _____ State _____ Zip _____
Home Phone Number _____ Work Phone _____ Cell Phone _____
Which phone number would you like to have listed as the primary form of contact? (circle one) HOME WORK CELL
Employer _____ Driver's License # _____
E-mail Address: _____
Would you prefer us to e-mail reminders for your pet's annual vaccinations or other health procedures? YES NO
Spouse or Co-Owner _____ Primary Contact Number: _____
How did you hear about us? _____
Referred by (We would like to thank them.) _____
Do you have any children under the age of 10? YES NO

Pet Information

Pet's Name _____
Species: (circle one) DOG CAT
Birth Date _____ Breed _____ Color _____
Female Spayed YES NO
Male Neutered YES NO

Medical History

Name of hospital where medical records may be obtained
May we obtain records pertaining to your pet? YES NO
Medical Conditions:
(allergies, drug reactions, heart conditions, etc.)

Has your pet ever had any major illness or injury? YES NO
If yes, please explain: _____

Date of last dental check-up/cleaning (mm/yy) _____
Approximate date of last vaccination series: _____

Heartworm Preventative

Is your pet currently taking monthly heartworm preventative?
YES NO

Circle one: Heartgard Interceptor Other: _____

Does your pet have a microchip? YES NO

Microchip Identification # _____

Pet Insurance

Does your pet have insurance? YES NO
Name of provider: _____
Policy Number: _____
Are there other pets in your household? YES NO
If yes, please indicate quantity below:
Dogs: _____ Cats: _____ Other: _____

Nutrition

Dry Brand _____
Canned Brand _____
Table Scraps? YES NO

At Turtle Creek Veterinary Medical Center, we stand behind the three step program of responsible pet care: Spay/Neuter, Vaccinate and Microchip your pet. We strongly recommend these three steps to keep your pets happy, healthy, and safe.

FINANCIAL POLICY

Thank you for choosing us as your veterinary health care provider. We are committed to your pet's treatment being successful and as cost effective for you as possible. The following is a statement of our Financial Policy. We ask that you please read and sign below.

- Full payment is due at the time service is rendered. We accept cash, check, Visa, MasterCard, Discover and Care Credit. If there are any questions regarding fees or charges, please inform the receptionist or technician before any services are performed. **We do not accept payment plans of any kind.**
- Before any pet is admitted to the hospital, a deposit will be required before services are rendered with the **balance due upon release.**
- A fee of \$30 will be charged for any checks returned for insufficient funds.

Signature

Date