

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)
Physical Address _____ City _____ State _____ Zip _____
Mailing 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: _____ (Your email address will be used as a primary venue of contact for your pet's medical reminders and other health-related procedures, we **DO NOT** send out paper reminder cards. Your email address will remain private.)
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: DOG CAT Age/DOB _____

Breed _____ Color _____

Please circle: Female Spayed
Male Neutered

Medical History

Name of hospital where medical records may be obtained: _____

Medical Conditions: (allergies, drug reactions, heart conditions, etc.) _____

Has your pet ever had any major illness or injury? YES NO

If yes, please explain: _____

Approximate date of last vaccination series: _____

Please list **all** medications (prescription and non-prescription, including any vitamins, minerals, and/or supplements): _____

Heartworm Preventative

Is your pet current on heartworm preventative? YES NO

Circle one: Heartgard Interceptor Trifexis 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

Please circle: Dry Canned Raw Home-made

Brand: _____

Table Scraps? YES NO

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, debit, Visa, MasterCard, Discover, Chase Health Advance and Care Credit. **WE DO NOT ACCEPT CHECKS OR AMERICAN EXPRESS.** 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.**



Signature _____ Date _____

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