



# Stoney Creek Veterinary Hospital

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www.stoneycreekvet.com

## New Client/Patient Information Form

Thank you for choosing Stoney Creek Veterinary Hospital! We are pleased to welcome you and your family to our practice. Please take a few minutes to fully complete this form so we may better serve you. We look forward to a long and rewarding relationship with you and your pet(s).

Owner's Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Spouse/Other Cell Phone: \_\_\_\_\_ Spouse/Other Work Phone: \_\_\_\_\_

How did you find out about us? \_\_\_\_\_

Previous Veterinarian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How would you like to receive reminders? E-Mail  Mail  E-Mail Address: \_\_\_\_\_

*The information on this form is strictly confidential and is to be used only by this practice to provide care and treatment for you pet.*

We will gladly prepare a written estimate if you desire. (Please ask our doctors or receptionists.) This will be important to you since **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** In cases of extensive medical or surgical procedures when full payment may be difficult at discharge we also take MasterCard, Visa, Discover and Care Credit. There will be a \$25.00 service charge for any check returned unpaid.

To prevent the spread of infectious diseases all hospitalized, boarding and grooming patients must be current on all vaccines and free from all external parasites (fleas/ticks). The signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice. **Your signature is also an acknowledgement that you understand the above payment policy.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Must be 18 years or older.)

### Essential Pet Information

Pet's Name:	Pet's Name:
Date of Birth/Approximate Age:	Date of Birth/Approximate Age:
Species: Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other <input type="checkbox"/>	Species: Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other <input type="checkbox"/>
Breed: _____ Color: _____	Breed: _____ Color: _____
Sex: Male <input type="checkbox"/> Neutered: Yes <input type="checkbox"/> No <input type="checkbox"/> Female <input type="checkbox"/> Spayed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Sex: Male <input type="checkbox"/> Neutered: Yes <input type="checkbox"/> No <input type="checkbox"/> Female <input type="checkbox"/> Spayed: Yes <input type="checkbox"/> No <input type="checkbox"/>
Known Allergies:	Known Allergies:
Tatoo/Microchip:	Tatoo/Microchip: