INDIAN CREEK Veterinary Hospital

Client #_____

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

CLIENT INFORMATION- Please PRINT Date _____

Name_____Spouse/Significant Other _____

Address _____ City _____ State _____ Zip _____

Phone_____ Cell Phone (1)_____Cell Phone (2)_____

Place of Employment _____Work Phone_____

Driver's License # _____ E-Mail Address_____

Client's DOB_____ Client's Social Security Number_____

How did you become aware of our clinic? □ Drove by □ Yellow Pages □ Previous Client □ Internet Recommendation/Referred *(Whom may we thank?)* ___

Pet # 1

Name: _____

Breed: _____

Date of Birth/Age: _____

Color: _____

Sex: □ M □ F Neutered/Spayed: □ Yes □ No

At What Age?: _____

Is Your Pet Microchipped: □Yes:_____

□No

Pet's Current Diet: _____

Pet's Current Medication: _____

Any Previous Surgeries: _____

Any History of Allergies/Reactions: _____

Pet # 2

Name: _____

Breed: _____

Date of Birth/Age: _____

Color: _____

Sex: □ M □ F Neutered/Spayed: □ Yes □ No

At What Age?: _____

Is Your Pet Microchipped: □Yes:_____

□No

Pet's Current Diet: _____

Pet's Current Medication: _____

Any Previous Surgeries: _____

Any History of Allergies/Reactions: _____

Pet # 3

Name: _____

Breed: _____

Date of Birth/Age: _____

Color: _____

Sex: □ M □ F Neutered/Spayed: □ Yes □ No

At What Age?: _____

Is Your Pet Microchipped: □Yes:_____

□No

Pet's Current Diet: _____

Pet's Current Medication: _____

Any Previous Surgeries: _____

Any History of Allergies/Reactions: _____

Pet # 4

Name: _____

Breed: _____

Date of Birth/Age: _____

Color: _____

Sex: □ M □ F Neutered/Spayed: □ Yes □ No

At What Age?: _____

Is Your Pet Microchipped: □Yes:_____

□No

Pet's Current Diet: _____

Pet's Current Medication: _____

Any Previous Surgeries: _____

Any History of Allergies/Reactions: _____

Turn Over to Sign →

For Office Use Only

Date							
Initials							

Agreement to Pay

I agree that I am responsible for payment of all services provided to my pet that have been requested, or which may become necessary in the opinion of the treating Veterinarian. I agree to pay such amounts that are owing at time of service. I understand that if I fail to pay my balance, my account may be turned over to an attorney for collection and in such event, I agree that I will also be responsible for a collection fee equal to 30% of my balance (or reasonable attorney fees), including interest and court costs. Further, I agree that this Agreement shall be governed by and interpreted in accordance with the laws of the State of Indiana. I further agree that any appropriate state or federal court, or federal district located in the City of Fort Wayne, Allen County, shall have executive jurisdiction over any case or controversary arising out of, under or in connection with this Agreement and the services rendered, and any judgment of such court shall be enforceable in any other court having jurisdiction over me. Service of process may be made by Certified Mail, Return Receipt Requested, at the address provided by me above. By entering into this Agreement, I consent to the in personam jurisdiction of the Circuit or Superior Court of Allen County, Indiana and the United States District Court for the Northern District of Indiana, Fort Wayne Division, and waive any and all defenses or challenges based upon any such Courts' alleged lack of jurisdiction or venue, including but not limited to forum, non-conveniens. I also specifically waive the right to trial by jury concerning the claim of either party. The above provisions shall apply to any pet owned by me for which Indian Creek Veterinary Hospital has or will provide services in the future. The terms and conditions of this Agreement shall also apply to any pet inadvertently not identified by the Client as referenced above and shall apply to any services provided, at the request of the Client, for any pet owned by the Client.

By signing below you are responsible for paying our standard charges and collection/attorney fees.

Client's Signature: _____ Date:_____

Thank you,
Indian Creek Veterinary Hospital Staff