

# God's Creatures Animal Hospital

136 S Howard Ave ~ Landrum SC 29356

(864) 457-3565 ~ (864) 457-3566 fax

*Please fill in the appropriate response in the space provided. This will help us to gather the information needed to establish you as a new client. Thank you for choosing us for your pet's health care needs. We look forward to working with you! Please print.*

## New Client Information Sheet

Name: \_\_\_\_\_ SSN or  
DL Number: \_\_\_\_\_

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

City, State, Zip Code \_\_\_\_\_

Home Phone Number: ( ) \_\_\_\_\_ Alternate Phone Number: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone Number: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Cell Phone Number ( ) \_\_\_\_\_ Provider: (Verizon, AT&T, etc) \_\_\_\_\_

Do you want to receive text messages from us (ie, for appointment reminders, upcoming events, etc?) Yes \_\_\_\_\_ No \_\_\_\_\_

Alternative Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

How did you hear about our hospital? Please check all that apply.

\_\_\_\_\_ Yellow Pages \_\_\_\_\_ Referred By A Friend (name) \_\_\_\_\_  
\_\_\_\_\_ Sign \_\_\_\_\_ Newspaper \_\_\_\_\_ Internet  
\_\_\_\_\_ Humane Society \_\_\_\_\_ Other \_\_\_\_\_

How many pets do you own? \_\_\_\_\_ Dogs \_\_\_\_\_ Cats

PLEASE FILL OUT OTHER SIDE



# God's Creatures Animal Hospital

Please fill in the appropriate response in the space provided. This will help us to gather the information needed to establish your pet as a new patient. Thank you for choosing us for your pet's health care needs. We look forward to working with you! Please print.

## New Pet Information Sheet

Pet's Name: \_\_\_\_\_

Species: Canine (dog) Feline (cat) (please circle)

Breed: \_\_\_\_\_

Color Markings: \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Gender: Male Male Neutered Female Female Neutered (please circle)

Name and Date of Last Vaccines: \_\_\_\_\_  
\_\_\_\_\_

Has your pet ever had any allergic reactions to vaccines? Yes / No (please circle)

If yes, please explain: \_\_\_\_\_

Does your pet have any other known allergies? Yes / No (please circle)

If yes, please explain: \_\_\_\_\_

Is Your Pet Currently Taking Any Medications? Yes / No circle one please

If So Please List The Type Of Medication/s And Frequency Of Administration: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If You Would Like For Us To Obtain Medical Records From Your Previous Veterinarian(s), Please Provide Their Contact Information: Name/ Location/Phone and/ or Fax

\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize God's Creatures Animal Hospital to receive, prescribe for, treat or perform surgery upon the pet listed above and any additional pets that I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital.

We will gladly prepare a written estimate if you so desire, please ask the receptionist or doctor.

When extensive care is indicated a deposit may be required.

Preferred method of payment (please check one)

\_\_\_\_\_ Cash \_\_\_\_\_ Check (must have DL# or SSN on file) \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date