

# God's Creatures Animal Hospital

136 S Howard Ave~Landrum SC 29356

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

Thank you for choosing God's Creatures for your pet's health care needs. We look forward to working with you. Please print the information below.

## New Client Information Sheet

Name: \_\_\_\_\_ DL number \_\_\_\_\_

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

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

Cell Phone/Home Phone (    ) \_\_\_\_\_ (    ) \_\_\_\_\_

Cell Provider: \_\_\_\_\_ (Std message and data rates may apply.)

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

Alternate Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Email: \_\_\_\_\_

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

\_\_\_\_ Sign    \_\_\_\_ Internet    \_\_\_\_ Humane Society    \_\_\_\_ Yellow pages

\_\_\_\_ Referred by friend (name) \_\_\_\_\_ \_\_\_\_ Other \_\_\_\_\_

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

I hereby authorize God's Creatures to receive, prescribe for, treat, or perform surgery on the pets listed. We will gladly prepare a written estimate for you. When extensive care is indicated, a deposit may be required.

**WE REQUIRE ALL FEES BE PAID IN FULL WHEN SERVICE IS RENDERED.**

\_\_\_\_ Cash    \_\_\_\_ Check    \_\_\_\_ Debit    \_\_\_\_ Visa/MC/Discover (3% fee applied)

\_\_\_\_ Care Credit

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

\_\_\_\_\_  
Date

## New Pet Information Sheet

Thank you for choosing God's Creatures for your pet's health care needs. We look forward to working with you. Please print the information below.

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

**Pet's Date of Birth:** \_\_\_\_\_ **Pet's Species:** \_\_\_\_\_

**Pet's Breed:** \_\_\_\_\_ **Pet's Color:** \_\_\_\_\_

**Pet altered:** \_\_\_ **Spayed Female** \_\_\_ **Female** \_\_\_ **Neutered Male** \_\_\_ **Male**

**Vaccine History:** Please include the date your pet last received these vaccines.

**Dog:** Da2PP: \_\_\_\_\_ Rabies: \_\_\_\_\_ Bordetella: \_\_\_\_\_ CIV: \_\_\_\_\_

Lepto: \_\_\_\_\_ Lyme: \_\_\_\_\_ Fecal: \_\_\_\_\_ Heartworm Test: \_\_\_\_\_ 4DX: \_\_\_\_\_

**Cat:** FVRCP: \_\_\_\_\_ Purevax: \_\_\_\_\_ Feline Leukemia: \_\_\_\_\_ FIV: \_\_\_\_\_

Fecal: \_\_\_\_\_

**May we obtain medical records from a previous veterinarian's office?  
Please provide name and number.** \_\_\_\_\_

**Has your pet ever had an allergic reaction to vaccines?  
Please explain.** \_\_\_\_\_

**Does your pet have any other allergies?** \_\_\_\_\_

**Does your pet take any medications?** \_\_\_\_\_

**Is your pet on any Flea/Tick prevention? Name?** \_\_\_\_\_

**Is your pet on Heartworm prevention? Name?** \_\_\_\_\_

**Has your pet ever shown aggression towards another animal or person?** \_\_\_\_\_

**Any other information we should know?** \_\_\_\_\_

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

\_\_\_\_\_  
**Date**