



Date: _____

First Name: _____ Middle Initial** : _____ Last Name: _____

DOB** : _____

Spouse/Co Owner _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ Work phone: _____ Cell phone: _____

Driver's License** _____

E-Mail Address _____

Your Pet(s) Name	1	2	3
Breed			
Birth Date or Age			
Color			
Sex (spayed or neutered?)			

Would you like text messages for reminders? Yes _____ No _____

Best way to reach you? Phone _____ E-mail _____

How did you become aware of our clinic? Drove by _____ Friends _____ Internet _____ Other _____

Who can we thank if you were referred? _____

**** This information is required in order for us to prescribe medications.**

Payment Policy:

1. Payment is due at the time services are rendered.
2. We accept Visa/MasterCard/Amex/Discover/Cash/Check/Care Credit.
3. **Salmon Creek Veterinary Clinic** understands that an unexpected pet illness may create a financial hardship, and arrangements can be made through the Care Credit program. It only takes 5 minutes to complete an application that will allow you to break down your payment into installments. You can apply for Care Credit through the link provided on our website, www.SalmonCreekVets.com.

Signature _____ Date _____