



CREATURE COMFORTS

VETERINARY HOSPITAL

## New Client Registration Form

Thank you for considering Creature Comforts for your pet's veterinary services. We are dedicated to maintaining your pet's health, and look forward to many happy years together.

Please complete and email or fax us this form prior to your pet's appointment to expedite the registration process. The information you provide will give us valuable insight into providing optimum care for your pet. The required information has an asterisk \*.

### Owner Information

First name\* \_\_\_\_\_ Last name\* \_\_\_\_\_

Street Address\* \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

Day-time phone\* \_\_\_\_\_ Evening phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Email address\* \_\_\_\_\_

### Co-Owner Information

First name\* \_\_\_\_\_ Last name\* \_\_\_\_\_

Day-time phone\* \_\_\_\_\_

How did you find out about our practice?

Drive-By \_\_\_\_\_ Google \_\_\_\_\_ Facebook \_\_\_\_\_

Personal Referral \_\_\_\_\_

If personal referral, who can we thank? \_\_\_\_\_

Other – please specify \_\_\_\_\_

Please use this area to give us other relevant information about yourself or your family.

### Pet Information

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

Species\* Dog \_\_\_ Cat \_\_\_

Breed\* \_\_\_\_\_

Color \_\_\_\_\_

Date of birth or age\* \_\_\_\_\_

Special identification (tattoo, microchip) \_\_\_\_\_

Sex\* Male \_\_\_ Female \_\_\_ Neutered male \_\_\_ Spayed female \_\_\_

Previous Veterinary Practice Name \_\_\_\_\_

Telephone number \_\_\_\_\_

May we call them for records? \_\_\_\_\_

Date of last vaccines (if known) \_\_\_\_\_

What vaccines were given at this time (if known) \_\_\_\_\_

Is your pet on any medications or supplements? Yes \_\_\_ No \_\_\_

If yes, please list name and dosage

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What food does your pet eat? \_\_\_\_\_

Does your pet have any allergies or drug reactions? Yes \_\_\_ No \_\_\_

If yes, please list allergies and reactions

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Are there any current or past medical conditions of which we should be aware?

Yes \_\_\_\_ No \_\_\_\_

If yes, please comment on the condition(s) and indicate if current or past.

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Please use the following area to give us any relevant information about your pet.

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Email: [admin@ccvh.com](mailto:admin@ccvh.com) or fax to 610-635-1187.