



Thank you for giving us this opportunity to care for your pet. Please help us meet your needs better by completing the following information. If you have any questions, do not hesitate to ask a staff member for assistance. This information will be kept completely confidential.

INFORMATION ABOUT YOU

Your Name: Mr. Mrs. Miss Ms. Dr. _____

Spouse/Other: _____

Children (First Name and Ages): _____

Address: _____

Residence Phone: () _____ Street _____ City _____ State _____ Zip Code _____

Work Phone: () _____

Cell Phone/Other: () _____

E-Mail Address: _____

Employer: _____ Occupation: _____

Spouse/Other's Employer: _____ Occupation: _____

Driver's License #: _____ State: _____

In case of Emergency, Contact: _____ Phone: () _____

How did you first hear of us?

- Yellow Pages—SBC North Suburban
- Yellow Pages—SBC Indianapolis
- Yellow Pages—Yellow Book
- Individual recommendation by: _____
Someone we may thank
- Other: _____
- Website (www.fallcreekvet.com)
- Internet Search Engine
- Drove by/Hospital sign

How would you like to receive reminders? E-Mail Standard Mail Telephone No Preference

Are you interested in having our monthly newsletter emailed to you? Yes No

INFORMATION ABOUT YOUR PET

Pet's name: _____ Dog Cat Other: _____

Breed: _____ Color: _____ Sex: M F Spayed? Yes No

Date of birth (approximately): _____ Neutered? Yes No

Previous Veterinarian (if any): _____ Phone (if known): _____

When was your pet last vaccinated (approximately)?

- Dogs: Rabies: _____/_____/_____ 1-year 3-year
- Distemper/Parvo: _____/_____/_____ Bordetella: _____/_____/_____ Lepto: _____/_____/_____
- Cats: Rabies: _____/_____/_____ 1-year 3-year
- Distemper/Panleukopenia/Calici/Rhino: _____/_____/_____ Feline leukemia: _____/_____/_____

Second Pet's name: _____ Dog Cat Other: _____

Breed: _____ Color: _____ Sex: M F Spayed? Yes No

Date of birth (approximately): _____ Neutered? Yes No

When was your pet last vaccinated (approximately)?

- Dogs: Rabies: _____/_____/_____ 1-year 3-year
- Distemper/Parvo: _____/_____/_____ Bordetella: _____/_____/_____ Lepto: _____/_____/_____
- Cats: Rabies: _____/_____/_____ 1-year 3-year
- Distemper/Panleukopenia/Calici/Rhino: _____/_____/_____ Feline leukemia: _____/_____/_____

Reason for today's visit: _____

Professional fees are due at the time services are rendered. We accept cash, checks, Visa, Mastercard, and Care Credit. We will be happy to provide a written estimate of fees for any case where in-hospital treatment, surgery or hospitalization will be provided. A deposit prior to treatment may be required.

Thank you for entrusting us with your pet's care.