



9412 Penny Road Raleigh, NC 27606
919-851-8387 919-851-VETS
www.swiftcreekanimal.com

Client/Owner Information

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Home # _____ Work # _____ Cell # _____

Spouse/Friend _____ Other Work # _____ Other Cell # _____

Email _____

How did you hear of our hospital?

Drove By Yellow Pages Internet Individual (Who may we thank? _____)

*ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED
We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor.*

Patient Information

CANINE FELINE OTHER _____

Name _____ Breed _____ Color _____ Age _____ Date of Birth _____

Male Female Spayed/Neutered: Yes No Date & Place of Last Exam _____

Any allergies to vaccinations or medications? Please list: _____

Are you using heartworm and flea preventatives? Please list: _____

Is your animal on any special diets or medications? Please list: _____

PLEASE GIVE RECEPTIONIST A COPY OF ANY PRIOR VACCINE HISTORY PERTAINING TO THIS PET
***To help prevent the spread of infectious diseases, ALL hospitalized and boarded animals must be current on ALL vaccinations. DUE TO STATE LAW, ALL DOGS & CATS MUST HAVE A CURRENT RABIES VACCINATION. ***

I hereby authorize Swift Creek Animal Hospital to examine, prescribe for, or treat the pet described above. I agree to PAY FOR SERVICES RENDERED at the time the pet is discharged from the hospital or when service is discontinued. Methods of payment are limited to cash, check, Visa, Mastercard, or Care Credit. I certify that I have read and understand this consent form.

Signature of owner or responsible agent: _____ Date _____