

# Turtle Creek Veterinary Medical Center

5900 Jack Finney, Greenville, Texas 75402

Jonathan Rocky, D.V.M.

## New Client/Pet Form

Owner's Name \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
(New Client ONLY, or changes to current information)  
Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Which phone number would you like to have listed as the primary form of contact? (Circle one) HOME WORK CELL  
Employer \_\_\_\_\_ Driver's License # \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ (Your email address will be used as a primary venue of contact for your pet's medical reminders and other health-related procedures, we **DO NOT** send out paper reminder cards. Your email address will remain private.)  
Spouse or Co-Owner \_\_\_\_\_ Primary Contact Number: \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_  
Referred by (We would like to thank them.) \_\_\_\_\_  
Do you have any children under the age of 10? YES NO

### Pet Information

Pet's Name \_\_\_\_\_  
Species: DOG CAT Age/DOB \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_  
Please circle: Female Spayed  
Male Neutered

### Medical History

Name of hospital where medical records may be obtained:  
\_\_\_\_\_  
Medical Conditions: (allergies, drug reactions, heart conditions, etc.)  
\_\_\_\_\_  
Has your pet ever had any major illness or injury? YES NO  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
Approximate date of last vaccination series: \_\_\_\_\_  
Please list all medications (prescription and non-prescription, including any vitamins, minerals, and/or supplements): \_\_\_\_\_  
\_\_\_\_\_

### Heartworm Preventative

Is your pet current on heartworm preventative? YES NO  
Circle one: Heartgard Interceptor Trifaxis Other: \_\_\_\_\_  
Does your pet have a microchip? YES NO

Microchip Identification # \_\_\_\_\_

### Pet Insurance

Does your pet have insurance? YES NO  
Name of provider: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Are there other pets in your household? YES NO  
If yes, please indicate quantity below:  
Dogs: \_\_\_\_\_ Cats: \_\_\_\_\_ Other: \_\_\_\_\_

### Nutrition

Please circle: Dry Canned Raw Home-made  
Brand: \_\_\_\_\_  
Table Food/Scraps? YES NO

### FINANCIAL POLICY

Thank you for choosing us as your veterinary health care provider. We are committed to your pet's treatment being successful and as cost effective for you as possible. The following is a statement of our Financial Policy. We ask that you please read and sign below.

- Full payment is due at the time service is rendered. We accept cash, debit, Visa, MasterCard, Discover, or Care Credit. **WE DO NOT ACCEPT CHECKS OR AMERICAN EXPRESS.** If there are any questions regarding fees or charges, please inform the receptionist or technician before any services are performed. **WE DO NOT OFFER PAYMENT PLANS OF ANY KIND.**
- Before any pet is admitted to the hospital, a deposit will be required before services are rendered with the **BALANCE DUE UPON RELEASE.**



Signature \_\_\_\_\_ Date \_\_\_\_\_

At Turtle Creek Veterinary Medical Center, we stand behind the three step program of responsible pet care: Spay/Neuter, Vaccinate and Microchip your pet. We strongly recommend these three steps to keep your pets happy, healthy, and safe