



Welcome!

Thank you for allowing us to care for your family as our family!

Client Information

Primary Adult Owner's Name (Must be 18 or older, legally responsible for pet) _____

Date of Birth (MM/DD/YYYY, required for dispensing certain medications) _____

Spouse/Partner/Other's Name _____ Their Cell # (_____) _____

Is this person allowed to make medical decisions regarding your pet(s)? Y_____ N_____

Is there anyone in the home under the age of 18 that is considered to be the PRIMARY caretaker for an animal in your home? If yes, Name/Age/DOB and Animal cared for by this person. _____

Address _____

City _____ State _____ Zip Code _____

Cell Phone (_____) _____ May we text you to communicate with you about your pet(s)? Y_____ N_____

Primary E-mail Address (For forms and medical information) _____

Home, Work, or Other # where you may be reached (_____) _____ Type? Hours? _____

Place of Employment _____ Occupation _____

How did you find us? Google Search _____ Location _____ Local Social Media (ex. Nextdoor, FB group) _____

Event (Which One?) _____ Other (How?) _____

Referred By Someone _____ By Whom? (We give \$ credit to clients for referrals!) _____

8109 Fayetteville Rd., Suite 125, Raleigh, NC 27603

919-773-1043

www.middlecreekvet.com

Additional Information

Briefly describe which pet you have with you and the reason for your visit today (wellness, establish relationship, sick visit, etc.). _____

In an effort to make everyone as safe and comfortable as possible, does anyone in the home have SEVERE allergies or PHOBIAS that we should be aware of prior to your visit (peanuts, cats, birds, etc.)? Y_____ N_____

If yes, please explain _____

Authorizations

Emergency Contact – In the event that you become incapacitated or cannot be reached and an emergency occurs, whom may we contact? This should be someone that you permit to make medical decisions regarding you or your pet(s).

Name _____ Relationship _____

Phone (_____) _____ Other Phone (if applicable) (_____) _____

Initial Each Statement Below

_____ I authorize the veterinarian(s) at Middle Creek Veterinary Hospital to handle, examine, prescribe for, or medically treat and/or care for my pet(s).

_____ I understand that the hospital can be scary for many animals. When animals are scared, they sometimes bite or scratch. Because of this and other liabilities, I will not be allowed to restrain my own pet during medical care.

_____ I assume responsibility for any and all charges incurred during and surrounding the care of my animal(s).

_____ I understand that any outstanding balance must be paid at the time of the appointment or release of the animal from the hospital.

_____ I agree to pay a deposit prior to surgery or hospitalization if necessary.

_____ Middle Creek Veterinary Hospital may take photos or videos of my animal(s) during their visit. These photos or videos may be used for education or marketing purposes. We respect your privacy and will NEVER share your personal information on social media. This includes names, private medical information, or faces of humans (especially children).

Name (Print) _____

Signature _____

Date _____

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