



Client/Patient Information

Owner:

Name: _____ Phone #: _____
Address: _____ Email Address: _____
City: _____ State _____ Zip: _____
Date of Birth: _____ (required by law for certain medications)

Animal:

Animal #1 Name: _____ **Breed:** _____
Color: _____ **Age/DOB:** _____ **Sex:** Female Male **Spayed/Neutered/Castrated** yes no
Animal #2 Name: _____ **Breed:** _____
Color: _____ **Age/DOB:** _____ **Sex:** Female Male **Spayed/Neutered/Castrated** yes no
Animal #3 Name: _____ **Breed:** _____
Color: _____ **Age/DOB:** _____ **Sex:** Female Male **Spayed/Neutered/Castrated** yes no

▪Temecula Creek Veterinary requires a credit card to be on file for any and all treatment▪

Card Holder Name: _____ Email Address: _____
Address: _____
City: _____ State _____ Zip: _____
Credit Card #: _____ Type: Visa MC Discover AmEx CareCredit
Expiration Date: _____ Card Identification Number: _____

▪I understand that payment is expected & collected at time of service. I agree to pay for all veterinary services performed on my animal(s).

Signature: _____ Date: _____

▪Any Same-Day cancellations will be charged the amount of the farm/house call fee.

AUTHORIZATION

*I hereby authorize the Veterinarians and staff at Temecula Creek Veterinary to examine, prescribe for, or treat the above animal described.
I assume responsibility for all charges incurred in the care of this animal. I also agree to the payment terms stated above.*

Signature of Owner: _____ Date: _____