


Creature Comfort
Holistic Veterinary Center

2501 MacArthur Blvd Oakland, CA 94602
Telephone: (510) 530-1373

Today's Date: _____

Acct: _____
(In-House Use)

Thank you for giving us the opportunity to care for your pets. So that we may become better acquainted, please complete the following:

Name: _____
Last First Middle

Spouse Partner Co-owner _____
Last First Middle

Address: _____
Street number and name City State Zip Code

Occupation: _____ Employer: _____
Name

Telephone Numbers (please check the box next to your **primary number**):

Home: (____) _____ - _____ Work: (____) _____ - _____ Cell: (____) _____ - _____

Fax: (____) _____ - _____ Cell #2: (____) _____ - _____

Alternate Contact: _____
Name Phone

Previous veterinarian where records may be obtained: _____

Personal recommendation (whom may we thank?): _____

How did you become aware of our clinic? Drove by Internet Friend / Relative Website _____

E-mail address (print clearly): _____

Please check which you would like to receive via e-mail: Specials Monthly E-newsletter Info on Our Services
 Info about Pet Care Classes Appointment Reminders

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED

I understand that a missed appointment fee in the amount of my appointment will be charged for any appointments cancelled or missed without 24 hour prior notification. (Please initial) _____

Payment methods available: Cash Check Visa/MC Discover American Express

I assume responsibility for all charges incurred in the care of my pet(s). I also understand that these charges will be paid at the time of release and that a deposit will be required for any treatment that the pet must be left for. A billing fee and interest fee of 1 ½% per month which is an Annual Percentage Rate of 18% will be charged on any unpaid balance. I further assume responsibility for any collection fee or attorney's fees necessary to collect the full amount due.

Signature: _____ Signature: _____