

Arbor Creek Animal Hospital
15971 S. Bradley Drive Olathe KS. 66062
Phone (913) 764-9000 Fax (913) 764-6715
Email OlatheVet@gmail.com
Website www.ACAnimalHospital.com



New Patient Information Form

Client Information (Your name ☺)

Name: _____ Home Phone: (____) _____

Significant Other: _____ Mobile Phone: (____) _____

Address: _____ Work Phone: (____) _____

City/State/Zip: _____ Significant Other Mobile (____) _____

Email: _____

Will be used for email reminders and emergency information.

Pet's Information

Pet's Name _____ Dog ___ Cat ___ Other _____

Age _____ Birth Date _____ Breed _____ Color _____

Sex: Male ___ Female ___ Spayed/Neutered? Yes / No (please circle one)

Does your pet have a microchip? Y / N / ? Microchip # _____

If not please consider having one implanted today!

If previous medical care has not been provided by our office who should we call to request your pets medical history? _____

How did you hear about us?

Live Nearby ___ Web Search ___ Google Reviews ___ Facebook ___ Other _____

Referral _____

If referred by someone, please let us know who so that we may thank them. ☺

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. Our office does not accept checks. We accept Cash, Visa, MasterCard, Discover, American Express and Debit Cards. We are unable to provide payment plans in house but we do accept CareCredit, please ask for information if you are interested in a zero interest payment plan for your pet's healthcare.

Signature of client responsible for pet(s) _____

Date _____

CONFIDENTIAL