



Client Information Form

Thank you for giving APTOS-CREEKSIDE HOSPITAL the opportunity to care for your companion animals. So that we may become better acquainted, please complete the following:

Today's Date	Client #
Mr. Mrs. Ms. Dr. Owner(s)	Primary Phone
Spouse/Partner's Name	
Mailing Address	City Zip
Alternate Phone	Spouse/Partner's Cell
Owner's Work Phone	Spouse/Partner's Work Phone
Owner's Email	Spouse/Partner's Email
**Your information will not be shared	
Place of Employment	
Spouse/Partner's Employment	
PLEASE CHECK ALL THAT APPLY:	
How did you become aware of our hospital? <input type="checkbox"/> A-CPH Website <input type="checkbox"/> Yellow Pages Internet <input type="checkbox"/> Internet Search	
<input type="checkbox"/> Rescue Group <input type="checkbox"/> Other Rescue Group <input type="checkbox"/> Hospital Sign	
<input type="checkbox"/> Animal Control Services <input type="checkbox"/> Animal Services of Santa Cruz Co.	
<input type="checkbox"/> SPCA <input type="checkbox"/> Other (Please Specify)	
Personal Recommendation <input type="checkbox"/> Who May we thank?	
All fees are due upon release of patient. Please indicate your choice of payment.	
<input type="checkbox"/> Cash <input type="checkbox"/> Check (Driver's License Required) <input type="checkbox"/> MC/Visa	
Driver's License No. (Required for checks)	
Missed Appointments: If you miss one appointment, we will call to remind you. Any subsequent missed appointments will be subject to an exam charge.	
Signature	Date
May we use your pet's image for our website, promotions, digital frames? <input type="checkbox"/> YES <input type="checkbox"/> NO	