Welcome to Latah Creek
Companion Animal Hospital

_____, _____, _____
Last Name First Name Spouse/Other

_____, _____, _____, _____
Address City State Zip code

(_____)_____ (_____) _____ May we call you at work?
Home Phone Work Phone Yes No

(_____) _____ _____
Cell Phone Emergency Contact Name & Phone

_____
e-mail address (to receive e-mail reminders/specials/newsletters)

Pet name	*Species*	*Breed*	*Color*	*Age*	*Sex*	*Spay/ Neuter*

How did you hear about our Hospital? _____

PAYMENT IS EXPECTED AT THE TIME OF SERVICE. We are unable to extend credit on any account. We accept the following forms of payment: Cash, Check, Visa & Mastercard, Care Credit.

By signing below, I attest that I am the legal owner or agent of the above pets and am responsible for payment of services that I request for my pets.

_____ _____
Signature of Owner/Agent Date