



**Kings Creek
Animal Hospital, PLLC**

1601 E. Mulberry St
Kaufman, TX 75142
972-962-8852

*Welcome to Kings Creek
Animal Hospital. Our goal is to
care for your pet's health in a
professional and caring
manner.*

Client Information

Name: _____ Spouse _____

Physical Address: _____ Home Phone # _____

Mailing Address: _____ Cell Phone # _____

City: _____ State: _____ Zip: _____ E-mail _____

Driver's License # _____ State _____ DOB _____ Expires _____

Employer _____

If necessary, may we call you at work? Yes No Work Phone # _____

How did you find out about Kings Creek Animal Hospital? _____

Animal Information

Pet's Name	Dog/ Cat	Breed	Color	Age	Sex M/F	Spayed/ Neutered Y/N	Microchip Number

Treatment Authorization & Financial Agreement

I hereby authorize Dr. Peterson to examine, prescribe for, and treat my animal(s). I understand that any problem that develops with my pet(s) will be treated as deemed best by the veterinarian, the staff or representative. I agree that Dr. Peterson shall do the exams, treatments, anesthesia, and or surgical procedures as discussed and agreed upon during the examination and treatment. I assume responsibility for all charges incurred in the care of my animal(s). I also understand **PAYMENT IN FULL IS DUE AT THE TIME OF SERVICE.** I have read and understand this policy, and I accept responsibility for all fees. I understand that if I fail to pay as agreed, legal action will be taken against me. I also understand that there is a \$35 fee on all returned checks.

Signature of Responsible Party: _____ Date: _____