



# 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: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Spouse Cell # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, St, ZIP: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City, St, ZIP: \_\_\_\_\_

E-mail \_\_\_\_\_ Spouse Email \_\_\_\_\_

Preferred method of Contact: \_\_\_ Phone \_\_\_ Email \_\_\_ Text \_\_\_ Regular Mail

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ DOB \_\_\_\_\_ Expires \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

If necessary, may we call you at work?  Yes  No

How did you find out about Kings Creek Animal Hospital? \_\_\_\_\_ If a friend/family member, please give his/her name \_\_\_\_\_

## Animal Information

| Pet's Name | Dog/<br>Cat | Breed | Color | Age | Sex<br>M/F | Spayed/<br>Neutered<br>Y/N | Microchip<br>Number |
|------------|-------------|-------|-------|-----|------------|----------------------------|---------------------|
|            |             |       |       |     |            |                            |                     |
|            |             |       |       |     |            |                            |                     |
|            |             |       |       |     |            |                            |                     |
|            |             |       |       |     |            |                            |                     |

## Treatment Authorization & Financial Agreement

I hereby authorize the veterinarians at Kings Creek Animal Hospital, PLLC 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 the veterinarian 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: \_\_\_\_\_