

# New Client Information

Indian Creek Veterinary Hospital

295 Lancaster Ave. Reynoldsburg, OH 43068



614-861-1700



Fax: 614-861-7460



[icvhmain@sbcglobal.net](mailto:icvhmain@sbcglobal.net)

NAME: \_\_\_\_\_  
  First  Middle Initial  Last

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

Please CIRCLE your preferred contact number

CELL: \_\_\_\_\_ HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

EMAIL: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_  
(This is used for processing checks as payment)

Name of additional person(s) to authorize treatment: \_\_\_\_\_

Relationship to other person: \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup>: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you first hear about us? CIRCLE ONE

Referral from friend (Whom shall we thank?) \_\_\_\_\_ Facebook

Sign/Driving By Internet Search YellowPages Other: \_\_\_\_\_

Why did you decide to make an appointment with us? CIRCLE ONE

Referral/Reputation Convenient Location Pricing AAHA Accreditation

Positive experience with the person on the phone Other: \_\_\_\_\_

**I give authorization to Indian Creek Veterinary Hospital to provide medical and/or vaccination information of my pets when inquired by boarding, grooming, or training facilities, adoption / rescue groups, and other veterinary clinics. If you choose not to authorize, we will contact you for consent at each request.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment is DUE AT THE TIME OF SERVICE; we do not have payment plans. We accept Cash, Check, Care Credit, and all major credit card carriers. I agree to the payment terms and certify the above information to be true.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_