



Kreature Komforts Animal Hospital
2205 Glendale Avenue, Suite 117
Sparks, NV 89431
(775) 356-5524

Owner/Client:

Last Name: _____ First Name: _____

Spouse/Co-Owner/Secondary Contact: _____

Mailing Address: _____ City _____ State _____ ZIP _____

Place of Employment: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Appointment Confirmation E-Mail Address: _____

Appointment Confirmation Phone # (Texts): _____ ****This # will be made the primary contact.****

Drivers License # and State: _____

How did you find us? _____

Pet/Patient:

Name of Pet(s): _____

Age(s): _____ F: _____ M: _____ Spayed/Neutered: _____ Breed(s): _____

Color(s): _____ Vaccine History: _____

If No Vaccines, Previous Animal Hospital: _____

On Heartworm Preventative? Yes/ No Any previous medical conditions? _____

Reason for Visit Today? _____

Payment is due at the time of service. We accept VISA, Mastercharge, Discover, Check/Debit card, and cash payments. Checks are processed electronically via Telecheck. We will provide a cost estimate for any services or products purchased, and a 50% deposit is required on estimates over \$250.00. Unpaid balances are assessed a monthly finance charge and end of month charge. Any balances carried over 90 days without prior arrangements will be sent to a collection agency, with an additional charge of 40% of remaining balance. *Appointment cancellation and no-show fees may apply, 24 hour advanced notice is required to avoid fees.*****

Kreature Komforts uses pictures of our patients in both printed materials and digital images for educational purposes and positive community interactions.

Can we use your pet's pictures? : Yes No.

******By signing below I acknowledge that I have read and understood the statement above, and I am at least 18 years old******

Signature of Owner/Agent of Owner: _____ Date: _____