



Kreature Komforts Animal Hospital
2205 Glendale Ave, Suite 117
(775) 356-5524

Please help us keep our records up to date!

Update Client Information Sheet

Last Name: _____ First Name(Owner): _____

Approved Secondary Contacts/Phone #s (*Any persons on your account currently who not listed here will be removed from your accounts*):

Mailing Address : _____

City _____ State: _____ ZIP: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone # (Appointment Confirmation # via Texts): _____

This # will be made primary on your account

Appointment Confirmation email: _____

Names of pets currently owned (*Pets not listed here will be removed from your account*):

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: _____