



Steven V. Colburn, D.V.M.
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Client Information

Name: _____ Home Phone: _____
 Spouse: _____ Work Phone: _____
 Address: _____ Cell Phone: _____
 _____ Email: _____

Boarding location: _____ Insurance carrier: _____
 Agent/Adjuster: _____ Policy # _____

I accept responsibility for all charges incurred for medical treatment performed by Creekside Veterinary Service for any animal owned by myself or _____ and agree to provide payment at time of service.

If I am unable to provide check or cash at time of service, I will provide a valid credit card number which may be charged immediatly after each appointment.

Credit card on file in CVS office # _____ exp _____

I am the legal owner or the representative of the legal owner of the following animals and I am over the age of 18 years.

Signature: _____ Date: _____

Patient Information

Name	Breed	Gender	Age	Color	Allergies / Special Instructions
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Thank you for choosing Creekside Veterinary Service!

Creekside Liability

I hereby authorize the veterinarians at Creekside Veterinary Service and their assistants to examine and/or perform procedures they deem necessary for my animals. These procedures include, but are not limited to, the administration and maintenance of anesthesia, and the performance of surgery or any treatment deemed necessary by the attending veterinarian.

I acknowledge and understand that there are risks involved in handling animals and in their medical treatment. I further acknowledge that there is no guarantee as to the result of any treatment made by Creekside Veterinary Service.

It is important that all clients understand the inherent risk involved in the examination of broodmares for breeding, and specifically the common procedure of performing rectal examination. Perforation of the rectum can occur while the veterinarian is operating under the best conditions and with years of experience. The responsibility of our doctors is to identify an occurrence of a tear and begin aggressive treatment as soon as possible. We will not be held liable for the occurrence of a rectal tear. We will always use caution to make the procedure as safe as possible.

I agree to hold Creekside Veterinary Service, and all associates, harmless in the event of unforeseen incidents while my animal is under the care of Creekside Veterinary Service. I understand and agree that Creekside Veterinary Service does not accept or assume liability for accident, escape, injury or death of my animal at any time.

I am the legal owner or the representative of the legal owner of the animals I present for diagnosis and treatment. I am over the age of 18 years.

Signature: _____

Date : _____

Patient Insurance

I understand that if my animals are covered by medical/surgical insurance it is my responsibility to notify the insurance agent or adjuster of any illness, injury, or anticipated procedure that may affect that coverage.

Creekside Veterinary Service requires payment in full at the time services are rendered. (The insurance carried for animals is handled differently than human medical insurance. Clients are reimbursed by the insurance companies for monies paid to veterinarians for approved services.)

Our office staff will be happy to assist in completing the required paperwork for your insurance reimbursement once your account with us is paid in full.

*Creekside Veterinary Service highly recommends obtaining major medical coverage for your animals.

Insurance Carrier: _____ Policy # _____

Agent/Adjuster: _____ Phone: _____

Signature _____ Date : _____