

Account Number: _____

For Hospital use

WELCOME TO ALL CREATURES ANIMAL HOSPITAL!

The doctors and staff would like to thank you for giving us the opportunity to care for your pet(s). We will be happy to answer any questions you have about your pets' health. To ensure the best care possible, please take the time to fill this form completely. Thank you.

Date

OWNER INFORMATION:

Last Name First Name M.I. Spouse/Partner

Street Apt. # City State Zip

Driver's License # and State

Home Phone _____ Cell Phone _____

Work Phone _____

Spouse/Partner's Work Phone _____

Alternate Phone _____

E-mail (Please print clearly below) :

If necessary, may we call you at work?

YES
NO

If necessary, may we call your spouse/partner
at work?

YES
NO

ALL FEES ARE DUE UPON RELEASE OF PATIENT.

I certify that I am at least 18 years of age and the owner or owner's authorized agent of the animals that I have identified in my client file. I assume full responsibility for all charges incurred and acknowledge that payment is due in full at the time of service. I understand that I may ask All Creatures Animal Hospital to provide me with an update of current charges and an estimate for treatment at any time.

I agree that in the event any unpaid balance is referred to collections, I will be responsible for all collection fees, legal fees, and court costs on the owed balance.

Signature

Date

Continued on reverse...

PET INFORMATION: (Please provide appropriate information for each pet.)

	Pet 1	Pet 2	Pet 3	Pet 4
Name				
Species				
Breed				
Color				
Birthday/Age				
How long owned?				
Sex				
Spayed/Neutered?				

Please discuss vaccination history with the receptionist. If you have any copies of medical or vaccination records, please bring them to the front desk.

**WE LOOK FORWARD TO SERVING YOU AND YOUR
PETS.**

THANK YOU!