



Client & Patient Information

Thank you for giving us the opportunity to care for your pet. Please help us to meet your needs better by taking the time to complete this information sheet.

Today's Date: _____

First Name: _____ Last Name: _____

Name of Spouse or Other: _____

Address: _____ Apartment/Unit # _____

City: _____, State: _____ Zip Code _____ County: _____

Email Address (For Hospital Use Only): _____

PRIMARY PHONE NUMBER: (home/cell/work) _____ **Contact Name:** _____

SECONDARY PHONE NUMBER: home/cell/work _____ **Contact Name:** _____

Previous animal hospital (if applicable) where records could be obtained if necessary:

Clinic Name: _____ Phone: _____

Has your pet been treated for any illness in the past year? YES ___ NO ___ Specify problem(s), medications, diet, etc. _____

To prevent the spread of infectious diseases and parasites, hospitalized and boarded animals must be current on all vaccinations and be free of internal and external parasites. I authorize the doctor to provide vaccine and parasite control as needed for my pet.

How did you hear of our hospital?

The individual we may thank _____

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

All Creatures Animal Hospital accepts cash, personal checks, Visa, MasterCard, Discover, American Express and Care Credit for payment of services.

I assume responsibility for all charges incurred in the care of this (these) animal(s). I also understand that these charges are to be paid at the time of release unless other arrangements are made in advance, and that a deposit may be required for treatment and/or surgery.

SIGNATURE OF OWNER OR RESPONSIBLE PARTY _____

PLEASE FILL OUT THE INFORMATION ON THE REVERSE SIDE OF THIS SHEET

PET NAME

Microchipped?
Yes/No

SPECIES
CAT/DOG/OTHER

BREED

SEX
Spayed ?/Neuter ?

Date of Birth
(appx)

- 1.
- 2.
- 3.

Preexisting Conditions of pets noted above:

Pet Name: _____

Condition(s) _____

Medication(s): _____

Diet: _____

Pet Name: _____

Condition(s) _____

Medication(s): _____

Diet: _____

Pet Name: _____

Condition(s) _____

Medication(s): _____

Diet: _____

PHOTOGRAPY RELEASE

All Creatures Animal Hospital has social media sites that often provide us with the opportunity to share photos with the general public. We would like your permission to use photographs of you and/or your pet for this purpose.

I hereby authorize All Creatures Animal Hospital to publish photographs taken of me and/or my pet, and our names, for use on their social media sites. I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs. I acknowledge and agree that the publication of any photos confers no rights of ownership or royalties whatsoever. I here by release and hold harmless All Creatures Animal Hospital from any reasonable expectation of privacy or confidentiality associated with my images. (Medical records, as always,are protected by privacy and confidentiality policies.) I also release All Creatures Animal Hospital, its employees, and any third parties in the creation of publication of these photographs from liability for any claims by me or any third party in connection with my participation.

Owner's Signature

Date