

*ALL CREATURES PET HOSPITAL & CLINIC
CLIENT/PATIENT INFORMATION FORM*

Date: _____

Case #: _____

Welcome to All Creatures Pet Hospital & Clinic. Would you please provide the following information in order to complete our records and provide service to you and your pet.

OWNER INFORMATION (Please Print)

Owner's Name: _____ Soc. Sec. # _____

Mailing Address: _____

City/State: _____ Zip Code: _____

Phone # (include area code) Business: _____ Home: _____

Driver's Lic. #: _____ Place of employment: _____

ANIMAL INFORMATION

Animal species (dog, cat, other): _____ Breed: _____

Animal's name: _____ Sex: _____ Altered: Yes No

Color: _____ Birth date (month/year): _____

PAST MEDICAL HISTORY

Vaccinations: _____ Dewormings: _____

Heartworm Preventative: _____

Surgery/Anesthesia: _____

Other: _____

STATEMENT OF OWNERSHIP AND CONSENT

I am the owner of the above described animal and have the authority to consent to its treatment. I hereby authorize All Creatures Pet Hospital, INC to administer such treatment and procedures as are considered therapeutically and diagnostically necessary. I also consent to the administration anesthesia and medication as necessary and desirable in the exercise of the veterinarian's professional judgement.

I assume financial responsibility for all charges incurred to this patient, and agree to pay all such charges at the time of release of this patient.

Payment Choice: Cash _____ Check: _____ Bank Card: _____

Signature of Owner/Agent

How were you referred to our clinic?
