

All Creatures Veterinary Hospital

Client/Patient Information Form

Date: _____

Client #: _____

Welcome to All Creatures Veterinary Hospital! 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 #: () _____ (Cell or Home) Alternate #: () _____ (Cell or Home)

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

E-Mail Address: _____ Date of Birth: _____

ANIMAL INFORMATION

Animal's Name: _____ Species (cat, dog, other): _____

Breed: _____ Sex: _____ Fixed? Yes/No

Color: _____ Date of Birth: _____

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 Veterinary Hospital, LLC to administer such treatment and procedures as are considered therapeutically and diagnostically necessary and desirable in the exercise of the veterinarian's professional judgment.

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

_____ I allow photos of this patient to be used on social media websites such as Facebook.

Payment Choice:

Cash____ Check____ Bankcard____ Visa____ Mastercard____

Signature of Owner/Agent _____

How were you referred to All Creatures Veterinary Hospital?

Phone Book____ Drove by____ Online____ Referred by: (Name/Phone #) _____