

All Creatures...



Animal Hospital

CLIENT / PATIENT INFORMATION
THANK YOU FOR TRUSTING YOUR PET'S HEALTH
TO OUR HOSPITAL AND STAFF
PLEASE PRINT THE FOLLOWING FOR YOUR FILES

Case # \_\_\_\_\_

Today's date \_\_\_\_\_

Home phone \_\_\_\_\_

Office phone \_\_\_\_\_

Spouse/companion's \_\_\_\_\_

Office \_\_\_\_\_

Pager/other \_\_\_\_\_

Email \_\_\_\_\_

Your name \_\_\_\_\_

Spouse/companion \_\_\_\_\_ Children \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Have you or this pet ever been here before? Yes or No

Employer \_\_\_\_\_ Spouse/companion's employer \_\_\_\_\_

PET INFORMATION

\_\_\_\_\_ dog \_\_\_\_\_ cat \_\_\_\_\_ bird \_\_\_\_\_ reptile \_\_\_\_\_ ferret

Pet's name \_\_\_\_\_ Type of pet: \_\_\_\_\_ rabbit \_\_\_\_\_ rodent \_\_\_\_\_ other \_\_\_\_\_

Species/breed \_\_\_\_\_ Sex \_\_\_\_\_ Neutered/spayed \_\_\_\_\_

Pet's birth date \_\_\_\_\_ Length of ownership \_\_\_\_\_ Color \_\_\_\_\_

Previous health conditions treated \_\_\_\_\_

Medications/heartworm prevention given \_\_\_\_\_

What do you feed your pet? \_\_\_\_\_ How much? \_\_\_\_\_ How often? \_\_\_\_\_

Previous veterinarian \_\_\_\_\_ City/State \_\_\_\_\_ Phone \_\_\_\_\_

FINANCIAL INFORMATION

-We require full payment at time of service. We do not carry open accounts; several convenient options are listed below.

-A 50% deposit (cash, check or credit card) must be left for all animals admitted into the hospital and for boarding.

-Please indicate how you intend to pay for your pet's services and deposit:

\_\_\_\_\_ CASH \_\_\_\_\_ CHECK, NEED SS# \_\_\_\_\_ OR DRIVER'S LICENSE # \_\_\_\_\_

\_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ AMERICAN EXPRESS \_\_\_\_\_ DISCOVER \_\_\_\_\_ DINER'S CLUB

\_\_\_\_\_ CARE CREDIT--Please ask about how you can apply for this convenient payment plan available through Bank One, NA, Dayton, OH

Cardmember agrees to pay total in accordance with agreement governing use of such card.

RELEASE FOR TREATMENT AND PAYMENT OF FEES

-I authorize the doctors and staff of All Creatures Animal Hospital to treat my pet to the best of their ability.

-I understand that my pet must be current on all preventative maintenance care (such as vaccinations and parasite control) to help prevent the spread of diseases while hospitalized, day sitting, or boarding, and authorize their updating when necessary.

-I understand that estimates for services and requirements for preventative maintenance can be provided and discussed at any time.

-I agree to pay for all services rendered in full by the time of discharge and agree to pay for any and all costs and charges necessary for the collection of any amount not paid when due.

-I understand that All Creatures Animal Hospital considers the above mentioned animal abandoned if I do not pick up the animal and pay all charges accrued within ten days after a certified letter has been sent to the address provided above.

I am the owner/authorized agent and am 18 years of age or older \_\_\_\_\_