

All Creatures...



Animal Hospital

CLIENT / PATIENT INFORMATION

Thank you for trusting your pet's health to our hospital staff

Please print the following for your files

Patient ID# _____

Today's date _____

Home phone _____

Office phone _____

Cell Phone _____

Other Cell _____

Your name _____

Spouse/companion _____ Children _____

Address _____

City _____ State _____ Zip _____

Email _____

County _____ Have you or this pet ever been here before? Yes 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 _____ VISA _____ MASTERCARD _____ AMERICAN EXPRESS _____ DISCOVER

_____ 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 AND MEDIA USE

-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 hereby give my consent for All Creatures Animal Hospital to take photographs and/or video recordings of my pet which may be used in broadcast, print and electronic media formats now existing or in the future created.

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