All Creatures...
Animal Hospital

New Client Information Form

Client Information

First and Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____County of Residence: _____

(Needed for rabies information)

Phone numbers *(circle primary one)* Cell: _____ Work: _____

Spouse/Partner First and Last Name: _____

Phone numbers *(circle primary one)* Cell: _____ Work: _____

Do we have permission to send text messages to the cell phones provided? ☐ Yes ☐ No

Email address: _____

You will receive email reminders instead of postcards. This allows you to access your private Pet Portal through our website and allows us to email your pet's reminders and newsletters to you.

Pet Information

PET 1:

Name: _____ Birth date (or approx. age): _____

☐ Dog ☐ Cat ☐ Bird ☐ Reptile ☐ Ferret ☐ Rabbit ☐ Rodent ☐ Other: _____

Breed: _____ Color: _____ Microchipped? ☐ Yes ☐ No

☐ Male ☐ Female ☐ Undetermined Spayed/Neutered? ☐ Yes ☐ No ☐ Undetermined

Length of ownership: _____

Previous Vet Hospital: _____ Phone: _____

Previous health conditions: _____

PET 2:

Name: _____ Birth date (or approx. age): _____

☐ Dog ☐ Cat ☐ Bird ☐ Reptile ☐ Ferret ☐ Rabbit ☐ Rodent ☐ Other: _____

Breed: _____ Color: _____ Microchipped? ☐ Yes ☐ No

☐ Male ☐ Female ☐ Don't Know Spayed/Neutered? ☐ Yes ☐ No ☐ Don't know

Length of ownership: _____

Previous Vet Hospital: _____ Phone: _____

Previous health conditions: _____

Do you have more pets to add? Please ask for an additional pet sheet. Thanks!

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How did you find out about us?

☐ Hospital Location or Sign ☐ AAHA ☐ Pet Store or Breeder ☐ Animal Shelter

☐ Emergency Clinic / Vet Hospital _____

☐ Personal recommendation –_____

☐ Internet / Website _____

☐ Other – Please explain: _____

Release for Treatment and Payment

Please initial each statement after reading. If you have questions, please ask us before initialing.

_____ I Understand and accept the following: Payment is due at the time services are provided.

We accept MasterCard, Visa, Discover, American Express, CareCredit, ScratchPay, Cherry, and cash. A minimum 50% deposit is required for all pets left at our hospital for medical care. 100% deposit is required for boarding visits. Please sign that you understand and accept the following: We charge a 1.5% per month finance fee (interest) on balances that are 30 days past due. We charge a $3.00 fee each month for mailing statements on any outstanding balance. Any balance not collected within 90 day of invoicing will be sent to collections.

_____ I authorize the doctors & 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 (vaccinations and parasite control) to help prevent the spread of diseases while hospitalized, day boarding or overnight boarding. I authorize these services to be updated when necessary.

_____ I understand that estimates for services and requirements for preventative maintenance can be provided and discussed at any time I request. Estimates are a rough idea of expected costs and can change once the medical team examines the patient. Any changes will be discussed with you for authorization of costs higher than those estimated.

_____ I understand that my animal will be considered abandoned if I do not pick it up and pay all charges accrued within ten (10) days after a certified letter has been sent to the address provided above.

_____ I certify that I am financially responsible, and will pay, for all charges at the time of discharge.

Permission to Use Pet Photographs

From time to time we need to take pictures of your pet(s) for their medical records; however, we also like to show off how adorable they are on our website and social media. Do you grant All Creatures Animal Hospital, its representatives and employees the right to take photographs of you, your pet(s), and your property *(in connection with the photographs)*? Do you authorized All Creatures Animal Hospital, its assigns and transferees to copyright, use and publish in print and/or electronically said photographs and agree that such photographs may be used for any lawful purposes, including use for publicity, illustration, advertising, and web content?

I CONSENT to have photographs taken _____ *(Initial)* I DECLINE _____ *(Initial)*

Please sign below to attest that you are the owner or authorized agent and are 18 years of age or older and that you agree to the statements initialed above and that all information provided is correct.

_____ _____ _____

Print *Signature* *Date*

Thank you for giving our team the opportunity to care for you and your pet!