



All Creatures Veterinary Care Center

NEW PATIENT FORM

Date_____

CLIENT INFORMATION

Name_____

Spouse/Secondary Name (if applicable)_____

Mailing Address_____

City_____State_____Zip_____

Home Telephone ()_____Cell Phone ()_____

Email Address_____

PATIENT INFORMATION

Name_____

Species ☐ Dog ☐ Cat ☐ Small Mammal ☐ Bird ☐ Reptile ☐ Other _____

Breed_____

Sex ☐ Male or ☐ Neutered Male ☐ Female or ☐ Spayed Female

Date of Birth_____Color/Markings_____

Are you this pet's owner? ☐ Yes ☐ No

VACCINE HISTORY (Please provide pet's vaccine history and/or copy of prior medical records.)

ADDITIONAL INFORMATION (If you will be paying by check we will need some additional information. This information will remain confidential. Please complete the following:

Driver's License (required)_____State_____

Social Security Number (required) _____

Employer's Name & Address_____

HOW DID YOU HEAR ABOUT ALL CREATURES VETERINARY CARE CENTER?

☐ Referred by my Veterinarian

☐ Internet

☐ Referred by a Friend/Family

☐ Yellow Pages

(Please provide name so we may thank them)

☐ Other (Please specify)

PAYMENT OPTIONS

All bills must be paid when services are rendered. We do not bill. We accept all major credit cards including Care Credit. If you have any questions regarding your payment today, please discuss it with a client service representative before seeing the doctor. Thank you. **I assume responsibility for all charges assumed in the care of my pet(s).** Initial_____

AUTHORIZATION RELEASE

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. The doctors and staff at All Creatures Veterinary Care Center are to use all reasonable precautions against injury, escape, or death of my animals, but they will not be held liable for any problems that might arise from the care, treatment, or safe-keeping of the animals as it is understood that I, as the owner, assume all the risk.

Signature of owner:

Witness:

X_____date:_____X_____date:_____