



Client Information

Thank you for giving us the opportunity to care for your pets

Client Name: _____ **Occupation:** _____

Driver's License: _____ **State:** _____ ***Client Date of Birth:** _____

*California State Law and D.E.A reporting requirements mandate that the dispenser (All Creatures Hospital and prescribing veterinarian) must collect certain data from the owner of the patient in order to fill any prescription for a controlled substance or drug.

Home Telephone (____) _____ **Cell Telephone** (____) _____

Work Telephone (____) _____ ****Email:** _____

**All Creatures Hospital will not sell, rent, or share your email address to third parties. Your pet reminders and appointments are communicated via e-mail.

Spouse/Co-owner's Name: _____ **Occupation:** _____

Home Telephone (____) _____ **Cell Telephone** (____) _____

Work Telephone (____) _____ **Email:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Residence Address: _____

City: _____ **State:** _____ **Zip:** _____

We will gladly prepare a fee estimate for your pet's medical needs. Please ask a staff member

Professional fees are due at the time services are rendered

We accept cash, check, credit cards (Master, Visa, Discover, American Express) and CareCredit Payment Plans

There will be a \$25.00 minimum or current rate service charge on all returned checks. We do not keep credit card information on file, you will need to present your card in person.

Emergency Contact Information:

Name: _____ **Relationship:** _____

Telephone: Home (____) _____, Cell (____) _____

How did you hear about us?

- Individual: someone we may thank? _____
- Hospital Sign/Display
- Web Search (ie. Google, Bing, Yelp, Yahoo)
- Website/Facebook
- Other (ie: trainer, kennel, groomer, veterinarian) _____

PET INFORMATION ON NEXT PAGE

Please tell us about your pet(s). For our records, we ask that you list every pet, even if they are not being seen today.

🐾 Name: _____ Dog ___ Cat ___ Other: _____ Breed: _____
Date of birth: _____ Color: _____ Sex: Male ___ Female ___
Spayed/Neutered: Yes ___ No ___ Microchipped: Yes ___ No ___
Previous Veterinarian/Clinic's Name: _____ Phone: _____
additional pet(s) on next page

🐾 Name: _____ Dog ___ Cat ___ Other: _____ Breed: _____
Date of birth: _____ Color: _____ Sex: Male ___ Female ___
Spayed/Neutered: Yes ___ No ___ Microchipped: Yes ___ No ___
Previous Veterinarian/Clinic's Name: _____ Phone: _____

🐾 Name: _____ Dog ___ Cat ___ Other: _____ Breed: _____
Date of birth: _____ Color: _____ Sex: Male ___ Female ___
Spayed/Neutered: Yes ___ No ___ Microchipped: Yes ___ No ___
Previous Veterinarian/Clinic's Name: _____ Phone: _____

🐾 Name: _____ Dog ___ Cat ___ Other: _____ Breed: _____
Date of birth: _____ Color: _____ Sex: Male ___ Female ___
Spayed/Neutered: Yes ___ No ___ Microchipped: Yes ___ No ___
Previous Veterinarian/Clinic's Name: _____ Phone: _____

May we share photos of your pet on our website and/or Facebook page?

- Yes
- No

May we release your pet(s) vaccination information to your groomer or boarding facility?

- Yes
- No

We are here to help you!

Please inform our staff if you and your pet(s) require the following:

- ___ Assistance coming into or out of the hospital
- ___ My pet does not play well with others, if available please allow us to wait in an exam room instead of the lobby

The above information is true to the best of my knowledge. I understand that professional fees are due at the time services are provided. We offer Care Credit services for those wishing to apply. Please inform us if you would like an application for Care Credit. For your convenience we accept cash, checks, and the following credit cards: Visa, Mastercard, American Express and Discover.

Client Signature: _____ **Date:** _____

🐾 Welcome to the All Creatures Hospital Family 🐾