

New Client/Patient Form

ALL CREATURES
FAMILY VET HOSPITAL



Primary Owner: _____
Last Name First Name M.I.

Co-Owner: _____
Last Name First Name M.I.

Address: _____
City: _____ State: _____ Zip: _____

Phone Number: _____
Mobile Home Co-Owner

Email Address: _____

Driver's License #: _____ **DOB:** _____

How did you find out about us? (circle one) Online Veterinarian Friend/Family Other

Pet Name: _____ **Species:** Dog Cat **Breed:** _____
Color: _____ **Gender:** Male Female **Spayed/Neutered?:** Yes No
Birthdate: _____ **Age:** _____ **Precautions:** _____
Microchip # _____

Pet Name: _____ **Species:** Dog Cat **Breed:** _____
Color: _____ **Gender:** Male Female **Spayed/Neutered?:** Yes No
Birthdate: _____ **Age:** _____ **Precautions:** _____
Microchip # _____

Pet Name: _____ **Species:** Dog Cat **Breed:** _____
Color: _____ **Gender:** Male Female **Spayed/Neutered?:** Yes No
Birthdate: _____ **Age:** _____ **Precautions:** _____
Microchip # _____

I hereby authorize the staff of All Creatures Family Vet Hospital to render any treatment that is deemed necessary to my pets' health while in the custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding with treatment. I understand that I will be financially responsible for all emergency procedures including Estimate of Charges provided to me in person or over the telephone. I understand that professional fees are to be paid at the time services are rendered and a deposit is required on all pets admitted to the hospital.

Client Signature: _____ **Date:** ____/____/____