



# All Creatures Animal Hospital

## Patient/Client Information

Thank you for giving us the opportunity to care for your pet. Please help us to better meet your needs by taking a few moments to fill out this information form.

Owner's Name: \_\_\_\_\_

Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer's Name & Address: \_\_\_\_\_

Spouse/Other Employer Name & Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

*We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor. Professional fees are due at the time services are rendered.*

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How did you hear of All Creatures Animal Hospital?

- Individual, someone we may thank? \_\_\_\_\_
- Yellow Pages
- Hospital Sign
- Website
- Community Greetings (Welcome Wagon)
- Social Media
- Other \_\_\_\_\_

Would you like to be on our e-mail List?  Yes  No

*To help prevent the spread of infectious diseases, ALL hospitalized and boarded animals must be current:*

**Cats:** Rabies and Feline Distemper

**Dogs:** Rabies, Bordetella, Distemper-Parvo Combo including Lepto

*I understand that every effort will be made to achieve a successful outcome and provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery on my pet(s) listed on the reverse side. Furthermore, I agree to pay fees for services rendered at the time my pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

