



New Patient Form

Date _____

CLIENT INFORMATION

Name _____

Spouse/Secondary Name (if applicable) _____

Mailing Address _____ Apt _____

City _____ State _____ Zip _____

Home Telephone () _____ Cell Phone () _____

Email Address _____

Employer's Name & 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 (or where we can call to request them).

HOW DID YOU HEAR ABOUT All Creatures Veterinary Care Center?

- Referred by my Veterinarian Internet
- Referred by a Friend/Family Google
(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/Scratchpay. 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 destruction 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: _____ **date:** _____ **Witness:** _____ **date:** _____

X _____ X _____