

All Creatures Animal Clinic
New Client/Patient Registration Form

Owner's Name: _____

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

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

Home Phone: _____ Cell Phone: _____

Email: _____

Your Pet Information

Name: _____

Name: _____

Species: Dog: _____ Cat: _____

Species: Dog: _____ Cat: _____

Breed: _____

Breed: _____

Sex: _____ Spayed: _____ Neutered _____

Sex: _____ Spayed: _____ Neutered: _____

Age: _____ DOB: _____

Age: _____ DOB: _____

Color/Markings: _____

Color/Markings: _____

Long Term Problems: _____

Long Term Problems: _____

Current Medications: _____

Current Medications: _____

I hereby authorize the veterinarian to examine, prescribe for, or treat, the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid in full at the time of release and that a deposit may be required for treatment. I agree to pay all fees incurred in collection of my account should it become delinquent. I am aware there will be a \$5.00 per month billing fee added to my account in the event I do not pay my account in full by the last day of the month. I am aware that care is not provided when office hours are over.

Signature of Owner or Agent: _____ Date: _____

All Creatures Animal Clinic

We would like to inform you of our hours of operation:

The Office is Open & Staffed

Monday, Tuesday & Thursday from 8-5pm

Wednesday (Alternating)- 8-12pm/Closed

Friday from 8:00 am to 4:00 pm

Saturday, Sunday & Holidays Closed

The Doctors see patients by Appointment Only:

Monday, Tuesday, Thursday & Friday from 9:00 am to 12:00 Noon

Monday, Tuesday, Thursday & Friday from 1:00 pm to 4:00 pm

Alternating Wednesdays from 8-12pm

For After Hour emergencies, please call: Your local Emergency Vet Clinic

We are required by law to inform you that continuous veterinary medical care is not provided during the following overnight/evening hours;

Monday, Tuesday, Thursday from 4:00pm to 9:00 am, alternating Wednesdays from 12:00 Noon to 9:00 am and Friday from 4:00 pm to Monday 9 am. After hours care or treatment of patients is at the discretion of the Veterinarian.

Please Acknowledge your receipt and understanding of the following by signing and dating this form on the lines indicated below.

Signature: _____ Date: _____