



*Thank you for giving us the opportunity to care for your pet(s).
So that we may become better acquainted, please complete the following:*

Name _____

Name of anyone else authorized to treat pet(s): _____

Address _____

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

Preferred # _____ **TEXT Y / N** **Secondary #** _____ **TEXT Y / N**

Email _____

How did you become aware of us? Facebook Yelp NextDoor AAHA Sign Website

If you were referred, whom can we thank? _____

Do you have Pet Insurance Y / N Policy Number: _____

NAME	AGE or DOB	BREED	COLOR	SEX	SPAYED/NEUTERED
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PET#1	_____	_____	_____	_____	_____
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PET#2	_____	_____	_____	_____	_____
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PET#3	_____	_____	_____	_____	_____
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Previous Veterinarian / Clinic _____

I grant to All Creatures Animal Clinic, its representatives and employees the right to copyright, use and publish photos of my pet in print and/or electronically. I agree that All Creatures Animal Clinic may use such photographs of my pet with or without my pet's name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

I understand that all payment is due the day services are rendered. Any balance that becomes 30 days past due may incur a finance charge of 10% per annum.

Signature _____ **Date** _____