

New Client Registration – All Creatures Veterinary Clinic

*Client Information * (must be age 18 and over)*

Owner Name			
Spouse Name (First & Last)			
Address			
City/Zip			
Email Address			
Preferred Phone (Check One)	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work
Cell Phone			
Home Phone			
Work Phone			
Driver's License # or Social Security #			
Do you authorize another individual (not listed above) to bring your pet(s) to the clinic for you? 			
*If YES , please fill out information on back of form. I decline to list authorized individuals <input type="checkbox"/>			
How did you find out about us?	Friend <input type="checkbox"/>	Front Sign <input type="checkbox"/>	Phone Book <input type="checkbox"/> Internet <input type="checkbox"/>
Do you plan to use us for regular wellness services? Yes <input type="checkbox"/> No <input type="checkbox"/> Other: _____			

Your Pet's Information:

Previous Veterinary Clinic Name:		
Address:	City/State:	Phone:

* List ADDITIONAL Pet's details on back side of form	DOG	CAT	OTHER – What Type?
Number of Pets			
Name of Pet			
Breed			
Color			
Male or Female?	M <input type="checkbox"/> F <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>
Neutered or Spayed? (Choose ONE)	MN <input type="checkbox"/> FS <input type="checkbox"/>	MN <input type="checkbox"/> FS <input type="checkbox"/>	MN <input type="checkbox"/> FS <input type="checkbox"/>
Date of Birth			
ID Chip (Microchip#):		Brand/Manufacturer:	

I have reviewed the information on this questionnaire, and it is accurate to the best of my knowledge. I authorize the veterinarian to examine, prescribe for, or treat my pet(s). I assume responsibility for all charges incurred in the care of my animal(s) whether brought in by myself or other authorized individuals. I understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment. I also understand that should my payment method result in insufficient funds or disputed charges, my information may be released to a third party collection agency to assist with collecting fees associated with treatment rendered in this office. We will not use your information for marketing communications without your written authorization. I consent to the use of periodic appointment reminder phone calls, voice mail messages, postcards, email or letters.

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: center;">(Signature of owner)</p>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: center;">(Date)</p>
---	---

Other Authorized Individuals

I authorize the following individuals (**must be 18 yrs or older**) to bring my pet(s) to All Creatures Veterinary Clinic for health care. They have my permission to make medical and financial decisions that pertain to the pet(s) medical treatment, as well as sign any release forms that may be needed in said proper treatment.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

I understand that if an individual not listed above should need to bring in my pet(s), a note signed by me authorizing that individual to make those decisions **must** accompany the pet(s) to that appointment.

Signed _____ Date _____

*You must notify All Creatures Veterinary Clinic in writing if you wish to add or remove names from the above list.

Additional Pets

	DOG	CAT	OTHER – What Type?
Name of Pet			
Breed			
Color			
Male or Female? Neutered or Spayed? (Choose ONE)	M <input type="checkbox"/> F <input type="checkbox"/> MN <input type="checkbox"/> FS <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/> MN <input type="checkbox"/> FS <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/> MN <input type="checkbox"/> FS <input type="checkbox"/>
Date of Birth			
ID Chip (Microchip#):	Brand/Manufacturer:		

	DOG	CAT	OTHER – What Type?
Name of Pet			
Breed			
Color			
Male or Female? Neutered or Spayed? (Choose ONE)	M <input type="checkbox"/> F <input type="checkbox"/> MN <input type="checkbox"/> FS <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/> MN <input type="checkbox"/> FS <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/> MN <input type="checkbox"/> FS <input type="checkbox"/>
Date of Birth			
ID Chip (Microchip#):	Brand/Manufacturer:		

	DOG	CAT	OTHER – What Type?
Name of Pet			
Breed			
Color			
Male or Female? Neutered or Spayed? (Choose ONE)	M <input type="checkbox"/> F <input type="checkbox"/> MN <input type="checkbox"/> FS <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/> MN <input type="checkbox"/> FS <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/> MN <input type="checkbox"/> FS <input type="checkbox"/>
Date of Birth			
ID Chip (Microchip#):	Brand/Manufacturer:		