



All Creatures Pet Hospital

108 West Tarrant Drive

Gardendale, AL 35071

(205) 631-6210

www.AllCreaturesPetHospital.com

NEW PATIENT & CLIENT INFORMATION SHEET

Welcome to **All Creatures Pet Hospital**. So we may provide you with exceptional service, please share information about you and your pet(s). Our mission is to provide our clients with the very best loving, compassionate veterinary health and wellness care from before hello to beyond good-bye.

We offer veterinary care, lodging, and grooming for your best friends.

PATIENT INFORMATION

Pet's name: _____ Sex: Male Female Neutered or spayed? Yes No

Species: Dog Cat Bird Ferret Reptile Rabbit Other _____

Pet's Date of Birth (Month/Day/Year) ___/___/___ Breed _____ Color _____

Reason for bringing pet in: _____

Does your pet have any allergies, special medications, or health problems we should know about? Yes No

If yes, what? _____

What type of food does your pet eat? _____ Treats? _____

Dates of last vaccinations & wellness tests:

Dogs: DHPP (Distemper/Hepatitis/Parainfluenza/Parvo): _____ Rabies: _____ Kennel cough: _____ Heartworm test: _____

Intestinal parasite exam _____ What heartworm & flea preventative is your dog currently on? _____

Cats: FVRCP (Rhinotracheitis/Calicivirus/Panleukopenia): _____ Rabies: _____ Feline AIDS/Leukemia: _____

Intestinal parasite exam _____ What heartworm & flea preventative is your cat currently on? _____

*Do you have other pets? Please list each and note species: _____

CLIENT INFORMATION

****IT IS IMPERATIVE THAT WE KNOW IF YOUR PET HAS ANY CONTAGIOUS DISEASES FOR THE SAFETY OF YOUR PET AND THE PETS OF OTHERS.****

First name _____ Last name _____

Spouse first name _____ Spouse last name _____

Address _____ City _____ State _____ Zip _____

Home phone (____) _____ Work phone (____) _____ Cell (____) _____

Employer Name _____ Email Address _____

Social Security # _____ Driver's License # _____ Exp. _____

How did you become aware of our hospital?

Referred by friend _____ Referred by veterinarian _____
 Previous Client Drove By Internet Search Website Google Ad Facebook

Your pet must be free of internal and external parasites, including fleas, ticks and mites.

If not, we will treat your pet at your expense.

Payment is required when services are rendered. Deposits are required on all hospitalized patients.

We accept cash, Care Credit, and other major credit cards.

WE WOULD BE HAPPY TO PROVIDE AN ESTIMATE OF SERVICES UPON REQUEST

All the information I provided above is accurate.

Signature: _____ Date: _____

OWNERS CONSENT FORM

I hereby authorize All Creatures Pet Hospital, it's representative, agent or employees, to perform the surgery and/or other services requested or needed on the described animal, and do hereby release and forever discharge All Creatures Pet Hospital, its representative, agent or employees, from all claims and demands whatsoever which I have or may have against All Creatures Pet Hospital, its representative, agent, by reason of said surgery, administration of drugs or performance of other services, any consequences resulting directly or indirectly therefrom.

I further certify that I have ordered, or have been authorized by the owner to order the named services for the described animal. I further understand that every effort will be made to contact me in the event that my pet may require additional medical attention while on these premises, however I understand that my pet will be treated as deemed best by the staff veterinarian in the event you are not available for timely consultation. I assume full responsibility for the treatment expense incurred. I understand that any animal not called for when notified, that the hospital shall designate for its release shall be considered abandoned by me and shall be disposed of at the discretion of the hospital. My financial responsibility shall not in any way be altered by such disposal and my indebtedness shall include all charges made against such animal up to and including the date of, and charges for, disposal of same.

Should your account become over thirty (30) days delinquent there will be a finance charge of 1.825% a month or 21.9% annually.

I (we) direct that this be effective for the present and each subsequent admission of any animal owned by me (us), such authorization being terminated only by delivery to the above Hospital and staff of written cancellation of this authorization. The right of exemption to personal property and wages under the constitution and laws of the State of Alabama is hereby waived in favor of the payment of the obligation; and undersigned agrees to pay all costs of collection, including attorney fees.

NO CREDIT

DEPOSIT REQUIRED ON ALL HOSPITALIZED ANIMALS

PAYMENT REQUIRED WHEN SERVICE IS RENDERED

WE WOULD BE HAPPY TO PROVIDE AN ESTIMATE OF SERVICES UPON REQUEST

I (we) hereby understand that all services are to be paid for when the services are given by cash, CareCredit, ScratchPay, MasterCard, Visa, Discover and American Express. No charge accounts are available. I (we) accept total responsibility for all charges for this pet.

I (we) have read the above statements, and agree to abide wholly by their meaning and terms.

Signature: _____ (L.S.) Date: _____

Or Agent: _____ (L.S.) Date: _____