

All Creatures Veterinary Services

Account # \_\_\_\_\_

Date: \_\_\_\_\_

Client Information

New Client    Existing Client    Previous Client

For Office Use Only:  
Initials: \_\_\_\_\_ Time E: \_\_\_\_\_

Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Would you be interested in hearing more about: Acupuncture \_\_\_\_\_ Stem Cell Therapy \_\_\_\_\_  
Holistic Alternatives \_\_\_\_\_ VOM (veterinary orthopedic manipulation) \_\_\_\_\_ Senior Pet Care \_\_\_\_\_  
Therapeutic Laser Therapy (LLLT) \_\_\_\_\_ Something Else? \_\_\_\_\_

Referral Information:  Yelp  Google  All Creatures Website  Walk-in /Drive-by  
(Let us know who we can thank for their recommendation)  Name: \_\_\_\_\_

1<sup>st</sup> Pet Information - Name: \_\_\_\_\_  Canine  Feline  Other  
\_\_\_\_\_

Age/Date of Birth: \_\_\_\_\_  Male - Neutered  Yes  No    Color: \_\_\_\_\_  
 Female - Spayed  Yes  No

Breed: \_\_\_\_\_ Up-to-date on vaccines? Yes  No  *please provide a copy of medical history.*

Reason for visit: \_\_\_\_\_

\*\*\*\*Has this pet ever bitten anyone? \_\_\_\_\_

2<sup>nd</sup> PET INFORMATION\*\*\*\*\*

Pet Information - Name: \_\_\_\_\_  Canine  Feline  Other \_\_\_\_\_

Age/Date of Birth: \_\_\_\_\_  Male- Neutered  Yes  No    Color: \_\_\_\_\_  
 Female- Spayed  Yes  No

Breed: \_\_\_\_\_ Up-to-date on vaccines? Yes  No  *please provide a copy of medical history.*

Reason for visit: \_\_\_\_\_

\*\*\*\*Has this pet ever bitten anyone? \_\_\_\_\_

I, the undersigned, am over 18 years of age and accept responsibility for all fees incurred in the care of any and all of my pets at the time services are rendered, and that a deposit may be required for some treatments/ services. I also understand that All Creatures Veterinary Services does not bill for services and accepts: Cash, Check\*, Visa, MasterCard, Discover, American Express, and Care Credit.

*\*driver's license required*

X \_\_\_\_\_ Date: \_\_\_\_\_