



New Client Information Form

Client Information – Please complete all information below.

First and Last Name: _____

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

County of Residence: _____ *Ex: DeKalb, Fulton, Gwinnett (needed for rabies information)*

Phone numbers (circle primary one) Home: _____ Cell: _____ Work: _____

Email address: _____ Can we text you? Yes No

You will receive email reminders instead of postcards. This allows you to access your private Pet Portal through our website and allows us to email your pet's reminders and newsletters to you.

Spouse/Partner First and Last Name: _____

Phone numbers Home (if different): _____ Cell: _____ Work: _____

How did you find out about us?

- Hospital Location or Sign Petland AAHA Pet Store or Breeder Animal Shelter
 Emergency Clinic / Vet Hospital – Which one? _____
 Personal recommendation – Whom may we thank? _____
 Internet / Website – Which one? _____
 Other – Please explain: _____

Pet Information – for pets we are seeing today

Name: _____ Birth date (or approx. age): _____ Male Female

Dog Cat Bird Reptile Ferret Rabbit Rodent Other: _____

Breed: _____ Color: _____ Spayed/Neutered? Yes No

Microchipped? Yes No Length of ownership: _____

Previous health conditions: _____

Previous Veterinarian: _____ Phone: _____

Name: _____ Birth date (or approx. age): _____ Male Female

Dog Cat Bird Reptile Ferret Rabbit Rodent Other: _____

Breed: _____ Color: _____ Spayed/Neutered? Yes No

Microchipped? Yes No Length of ownership: _____

Previous health conditions: _____

Previous Veterinarian: _____ Phone: _____

Continued on the Back

Permission to Use Pet Photographs

From time to time we need to take pictures of your pet(s) for their medical records; however, we also like to show off how adorable they are on our website and social media. Do you grant All Creatures Animal Hospital, its representatives and employees the right to take photographs of you, your pet(s), and your property (*in connection with the photographs*)? Do you authorized All Creatures Animal Hospital, its assigns and transferees to copyright, use and publish in print and/or electronically said photographs and agree that such photographs may be used for any lawful purposes, including use for publicity, illustration, advertising, and web content?

I CONSENT to have photographs taken _____ (*Initial*) I DECLINE _____ (*Initial*)

Payment is due at the time services are provided. We accept MasterCard, Visa, Discover, American Express, CareCredit, ScratchPay, checks, and cash. Application for CareCredit and ScratchPay can be done in our office. A 50% deposit is required for all pets left at our hospital for medical care. 100% deposit is required for boarding visits.

I certify that I am financially responsible, and will pay, for all charges at the time of discharge. _____ (*Initial*)

Please sign that you understand and accept the following: We charge a 1.5% per month finance fee (interest) on balances that are 30 days past due. We charge a \$3.00 fee each month for mailing statements on any outstanding balance. **Sign:** _____ **Date:** _____

Release for Treatment and Payment

Please initial each statement after reading. If you have questions, please ask us before initialing.

_____ I authorize the doctors & staff of All Creatures Animal Hospital to treat my pet to the best of their ability.

_____ I understand that my pet must be current on all preventative maintenance care (vaccinations and parasite control) to help prevent the spread of diseases while hospitalized, day boarding or overnight boarding. I authorize these services to be updated when necessary.

_____ I understand that estimates for services and requirements for preventative maintenance can be provided and discussed at any time I request.

_____ I understand that my animal will be considered abandoned if I do not pick it up and pay all charges accrued within ten (10) days after a certified letter has been sent to the address provided above.

Please sign below to attest that you are the owner or authorized agent and are 18 years of age or older.

Signature

Date

Thank you for giving our team the opportunity to care for you and your pet!

For Office Use		
Client ID: _____	Date Entered in Cornerstone: _____	Scanned into record <input type="checkbox"/>
Initials of employee who entered/scanned _____		