



**ALL CREATURES GREAT AND SMALL  
ANIMAL HOSPITAL**

Thank you for giving our practice the opportunity to serve you and your pet.  
So that we may become better acquainted, please complete the following:

**OWNER'S INFORMATION**

LAST		FIRST		MIDDLE INITIAL		SPOUSE/OTHER	
STREET ADDRESS				CITY		STATE	ZIP CODE
HOME PHONE		CELL PHONE		WORK PHONE		REFERRED BY	
DRIVER'S LICENSE #		DATE OF BIRTH		EMAIL ADDRESS			
DO YOU HAVE PET INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO				WHICH COMPANY?			

**PET'S INFORMATION**

PETS NAME		SPECIES: <i>(Please circle one)</i> 1. -Dog 2. -Cat 3. -Ferret			BREED	
		4. -Rabbit 5. -Rodent 6. -Reptile Other: _____				
SEX: <i>(Please circle one)</i> 1.- Male 2.- Female		DATE OF BIRTH	COLOR		IS YOUR PET MICROCHIPPED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Neutered/Spayed: <input type="checkbox"/> Yes <input type="checkbox"/> No				ID NUMBER:		

**PAST PERTINENT HISTORY:** *(Has your pet had any previous illnesses, surgeries, etc. and is your pet on any medications at this time?)*

**TERMS OF PAYMENT:** We do not have a billing system at our clinic, therefore, professional fees are to be paid at the time service is rendered.  
We accept Cash, Visa, Master Card, Discover, American Express, Care Credit and personal Checks.

WE WILL GLADLY PROVIDE A WIRTTEN ESTIMATE OF SERVICES AND FEES UPON REQUEST.

BY SIGNING THIS FORM I STATE THAT I AM OVER THE AGE OF 18; THAT I AM THE OWNER OF THIS PET AND I ASSUME FULL FINANCIAL RESPONSIBILITY FOR ANY SERVICES RENDERED.

OWNER SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_