

All Creatures Veterinary Clinic, Inc.

4360 Snider Drive Wasilla, Alaska 99654

(907) 376-7930 Fax (907) 376-7931

WELCOME

OWNER INFORMATION

Owners Name _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Residence Address: _____
E-Mail Address: _____
Home Phone: _____ Cellular Phone: _____
Employer: _____ Occupation: _____ Work Phone: _____
Date of Birth: _____ Social Security # _____ AK Drivers License #: _____
Spouse's Name: _____
Spouse's Employer: _____ Work Phone: _____
Nearest Relative or Friend: _____ Phone: _____

***This information is for All Creatures Veterinary Clinic use only.**

PET INFORMATION

Pet's Name: _____
Date of Birth: _____ Species: Dog _____ Cat _____
Breed: _____ Color _____ Male _____ Female _____ Spayed/Neutered _____
Previous Veterinarian (if any): _____

Date of Last Vaccinations:
Dog - Distemper/Parvo/ _____ Bordetella _____ Rabies _____
Cat - Distemper _____ Leukemia _____ Rabies _____
Other - (specify) _____

Does your pet have any Allergies?
Yes _____ No _____ Unknown _____ List _____

Is your pet currently receiving any medication or a special diet?
Yes _____ No _____ Unknown _____ List _____

Reason for coming to the clinic today: _____

PAYMENT IS EXPECTED WHEN SERVICES ARE RENDERED

How is account to be paid? Cash _____ Check _____ Visa/MasterCard/Discover/Amer-Exp _____ CareCredit _____

NEW CLIENTS

How did you choose this clinic? Please check all that apply:
Yellow pages _____ Saw sign along the road _____ Referred by a friend - Name _____
Convenient location _____ Website _____ Other (specify) _____

Authorization: I am the owner or authorized agent of the above mentioned animal and am responsible for it and have authorization to execute consent. I hereby authorize treatment of this animal and performance of such surgical or therapeutic procedures as the doctor determines to be indicated and use of such anesthetics as deemed advisable. I also authorize the use of microchip scanning for identification purposes. It is understood that all unpaid accounts are subject to a \$2.00 per month minimum or 1.75% per month service charge as well as any incurred cost of collections, and attorney's fees. The animal will be considered abandoned within seven days of written notice to the above address. After such time All Creatures Veterinary Clinic, Inc. may destroy, sell, or otherwise dispose of the animal.

Signature: _____ Date: _____
(Person must be at least 18 years of age)