

All Creatures Veterinary Clinic, Inc.

4360 Snider Drive Wasilla, Alaska 99654

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

OWNER INFORMATION

Owners Name _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Residence Address: _____

Home Phone: _____ Cellular Phone: _____

Employer: _____ Occupation: _____ Work Phone: _____

Social Security # _____ Date of Birth: _____ ADL #: _____

Spouse's Name: _____

Spouse's Employer: _____ Work Phone: _____

Nearest Relative or Friend: _____ Phone: _____

PET INFORMATION

Pet's Name: _____ Date of Birth: _____

Species: Dog _____ Cat _____ Bird _____ Reptile _____ Ferret _____ Horse _____ Goat _____ Other _____

Breed: _____ Color _____ Male _____ Female _____ Spayed/Neutered _____

Previous Veterinarian (if any): _____

Date of Last Vaccinations:

Dog - Distemper/Parvo _____ Coronavirus _____ Bordatella _____ Rabies _____

Cat - Distemper _____ Leukemia _____ FIP _____ Rabies _____

Ferret - Distemper _____ Rabies _____ Other (specify) _____

Horse - Tetanus _____ Influenza _____ Rhino _____ Rabies _____ Other _____

Goat - Tetanus _____ Clostridium _____ Other (specify) _____

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 _____ 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 18years of age)