



CONTACT INFORMATION

Welcome to our practice.

YOUR INFORMATION

| | | | |
|----------------------|-------|-----------------------------------|--|
| Primary Contact Name | | | Date of Birth / / |
| Partner/Spouse Name | | | Date of Birth / / |
| Street Address | | Primary Telephone Number () | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other |
| City | State | Zipcode | Alternate Telephone Number () <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other |
| Email Address | | Alternate Telephone Number () | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other |

How did you discover All Pets Hospital?

In the neighborhood Friend _____
 Yellow Pages
 Internet Other _____

PET INFORMATION

| Pet's Name | Species | Breed | Color | Sex | Altered? | Date of Birth |
|------------|---------|-------|-------|--|---|---------------|
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Yes <input type="checkbox"/> No | / / |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Yes <input type="checkbox"/> No | / / |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Yes <input type="checkbox"/> No | / / |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Yes <input type="checkbox"/> No | / / |

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE RENDERED

The undersigned hereby acknowledges that he/she is entering into an agreement with ALL PETS HOSPITAL for veterinary services. As owner or authorized agent, I understand that the hospital shall obtain permission for treatment from the person presenting the patient and shall provide an estimate of costs if requested. I also realize that in the event of unforeseen circumstances, emergency measures may have to be instituted before my permission can be obtained.

In case financial obligations are not honored in a timely manner, I understand that I will be responsible for any and all subsequent penalties, including but not limited to collection costs and legal fees.

APPOINTMENT-NO SHOW POLICY: Clients who fail to keep their appointments without notice the day before will be charged a full examination fee. We appreciate your consideration and the opportunity to serve you.

Signature _____ Date _____