



Caring people...
Caring for your pets

All Pets Center NEW CLIENT AND PATIENT INFORMATION

Please complete this form as fully as possible. Clients must be at least 18 years of age.
Please PRINT

Today's Date _____ Home Phone _____

Name _____ Cell Phone _____
Last First

Spouse's Name _____ Cell Phone _____
Last First

Street Address _____
Street City State Zip

Mailing Address _____
Street City State Zip

E Mail Address _____

How did you hear about our hospital? Please Check Yellow Pages _____ Sign _____ Friend _____ Internet _____

Is there someone we may thank for recommending our hospital to you? _____
Person's Name

Employer _____ Work Phone _____

Spouse Employer _____ Work Phone _____

So that we may contact you in case of emergency:

Name of nearest relative not living with you _____
Name Address Phone

Payment is due at the time services are performed.

I authorize the hospital staff to perform indicated services for my pets.

Owner's Signature _____

Permission to Use Photos

I hereby grant All Pets Center permission to use, reuse, publish and broadcast in any and all media my photographs or my pets' photograph or video footage taken of me or my pet. I release All Pets Center from any demands arising out of the use of photographs, video and audio material including, without limitation, all claims for libel or invasion of privacy. I am of full age and contract in my own name.

Owner's Signature _____

Pet's Name	Dog, Cat Other	Pet's Name	Dog, Cat Other	Pet's Name	Dog, Cat Other
Breed	Color	Breed	Color	Breed	Color
Please Circle Male or Female	Neutered Yes or No	Please Circle Male or Female	Neutered Yes or No	Please Circle Male or Female	Neutered Yes or No
Birth Date		Birth Date		Birth Date	
Date of Last Vaccinations	Last Heartworm Test	Date of Last Vaccinations	Last Heartworm Test	Date of Last Vaccinations	Last Heartworm Test