

All Creatures Veterinary Clinic, Inc.
4360 Snider Drive Wasilla, Alaska 99654
(907) 376-7930 (907) 376-7935
Web. Allcreatures.bz

WELCOME

OWNERS NAME: _____

(Person must be at least 18 years of age)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email address: _____

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 _____

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 monthly billing service charge of \$18.00 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)