All God's Creatures
VETERINARY HOSPITAL

New Client Form

Owner Information

First Name:_____ Last Name:_____

Email Address:_____

Ph. Number:( )_____ Call ☐Text ☐ Alt. Number:( )_____

Spouse:_____ Ph. Number:( )_____

Address:_____ City:_____ State:_____ Zip:_____

Emergency Contact:_____ Ph. Number:( )_____

Active/Retired Military ☐ Yes (proof of Military ID) ☐No

Patient Information

PET 1	**PET 2**
Name:	**Name:**
Birthday:	**Birthday:**
Species: Dog Cat Exotic	**Species:** Dog Cat Exotic
Breed:	**Breed:**
Color:	**Color:**
Sex: Male Female Unknown **Altered** Yes ☐ No ☐	**Sex:** Male Female Unknown **Altered** Yes ☐ No ☐
Current on Vaccines: Yes ☐ No ☐	**Current on Vaccines:** Yes ☐ No ☐

****Can we use photos of your pet(s) on our Social Media platforms: YES ☐ NO ☐**

Previous Animal Hospital/Clinic:_____

Reason for today's visit:_____

All professional fees are due at time of service. Payment plans are not accepted. We will gladly prepare a written estimate if you desire. Please ask your doctor or technician. We gladly accept Cash/Visa/Mastercard/Debit/Care Credit/Scratch Pay and personal checks.

All God's Creatures Veterinary Hospital will be staffed during normal hours only. Hospitalized patients will receive treatments and medications after hours as prescribed by the attending veterinarian. Phone calls after hours will be forwarded to a voicemail system. Any after hour medical emergencies should be referred to the local 24-hour animal emergency hospital. Please note that medications cannot be provided to a pet without a doctor/patient relationship. Medication refills will be ready within 24-48 hours of request unless otherwise notified. All appointments that show up later than 10 minutes are subject to a $25.00 late fee.

_____ _____

Signature of responsible agent for pet(s) Date