



# All Creatures Veterinary Care Center

## NEW PATIENT FORM

Date \_\_\_\_\_

### CLIENT INFORMATION

Name \_\_\_\_\_

Spouse/Secondary Name (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

### PATIENT INFORMATION

Name \_\_\_\_\_

Species  Dog  Cat  Small Mammal  Bird  Reptile  Other \_\_\_\_\_

Breed \_\_\_\_\_

Sex  Male or  Neutered Male  Female or  Spayed Female

Date of Birth \_\_\_\_\_ Color/Markings \_\_\_\_\_

Are you this pet's owner?  Yes  No

### VACCINE HISTORY (Please provide pet's vaccine history and/or copy of prior medical records.)

#### Canine

#### Date Performed

#### Feline

#### Date Performed

Rabies \_\_\_\_\_

Rabies \_\_\_\_\_

Distemper \_\_\_\_\_

Distemper \_\_\_\_\_

Bordatella \_\_\_\_\_

Leukemia \_\_\_\_\_

Heartworm Test \_\_\_\_\_

FELV/FIV Test \_\_\_\_\_

Fecal Test \_\_\_\_\_

Fecal Test \_\_\_\_\_

### ADDITIONAL INFORMATION

(If you will be paying by check or credit card, we will need some additional information. This information will remain confidential. Please complete the following:

Driver's License (required) \_\_\_\_\_ State \_\_\_\_\_

Social Security Number (required) \_\_\_\_\_

Employer's Name & Address \_\_\_\_\_

### HOW DID YOU HEAR ABOUT ALL CREATURES VETERINARY CARE CENTER?

Referred by my Veterinarian

Internet

Referred by a Friend/Family

Yellow Pages

(Please provide name so we may thank them)

Other (Please specify)

### PAYMENT OPTIONS

All bills must be paid when services are rendered. We do not bill. We accept all major credit cards including Care Credit. Personal checks are welcome when accompanied by a driver's license. If you have any questions regarding your payment today, please discuss it with a receptionist before seeing the doctor. Thank you.