



All Creatures Veterinary Clinic & Lodge New Patient Form



Owner Information

Owner's Name: _____ Spouse Name: _____
 Mailing Address: _____
 Home Phone # _____ Work Phone # _____ Cell Phone # _____
 E-mail Address: _____ Preferred Method of Contact: _____
 Driver's License No. _____

Basic Patient Information

Patient's Name: _____ DOB: _____ Color: _____
 Breed: _____ Sex: Female Male Spayed Neutered
 Does your pet have a microchip? Yes No
 If so, what is the I.D. number of the microchip? _____

Patient Diet/Activity Information

Typical Food (i.e. brand, variety, wet, dry, etc.): _____ Amount: _____
 Which fits your pet's living arrangement? Indoors Outdoors Both
 If you answered "Both", about how many hours is your pet outside daily? _____ Inside? _____

Patient Medical History

Please bring any and all of your pet's previous medical records to your visit.

Specific Medical History:
 Does your pet have any known allergies or reactions to any medication or food? Yes No
 If you answered "Yes" above, please elaborate here: _____
 Is your pet up-to-date on vaccinations? Yes No
 Is your pet on heartworm prevention? Yes No. If yes, Seasonal Year-round
 Is your pet on flea and/or tick preventative? Yes No
 Are you coming from a different doctor or hospital? Yes No
 If "Yes": Name of doctor/hospital: _____

Address: _____ Phone # _____

Payment Policy

Professional fees are to be paid at the time services are rendered. We do not bill. It is our policy to provide a written estimate of fees whenever hospitalization or emergency care is needed. A late charge is applied to all accounts unpaid after 30 days. Late charges are computed by a periodic rate of 1.5% per month, which has the annual rate of 18.0%.