

# Client Registration Form

Welcome to All Creatures Veterinary Care. We appreciate the opportunity to care for your pet. To help us meet your needs, please complete this information sheet.

Date\_\_\_\_\_

Client's Name\_\_\_\_\_Spouse/Other\_\_\_\_\_

Children (first names and ages)\_\_\_\_\_

Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_ Zip Code\_\_\_\_\_

Home Telephone\_\_\_\_\_ Work Telephone\_\_\_\_\_ Cell Phone\_\_\_\_\_

Employer's Name and Address\_\_\_\_\_

Spouses/Other's Employer and Address\_\_\_\_\_

At what time\_\_\_\_\_ and at what phone number\_\_\_\_\_ is it best to call about your pet?

In case of EMERGENCY please call\_\_\_\_\_ at phone number\_\_\_\_\_

How did you hear about our hospital?

☐ Individual: someone we may thank? \_\_\_\_\_

☐ Yellow Pages ☐ Hospital Sign ☐ Other\_\_\_\_\_

We will gladly prepare a written estimate for services if requested.

**PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

Please indicate method of payment:

☐ Credit Card ☐ Check ☐ Cash

Do you have health insurance for your pets (Y/N) Type\_\_\_\_\_

Driver's License: State\_\_\_\_\_ Number\_\_\_\_\_

Signature\_\_\_\_\_