



ALL PETS ANIMAL HOSPITAL

Stacy Fuchs, DVM
Ashley Anderson, DVM

Date _____

We welcome you to our practice as a new client. As a member of the American Animal Hospital Association, All Pets Animal Hospital and its staff are dedicated to providing you and your pet with excellent service and veterinary care. Please take a few minutes and complete the following information so that we may communicate with you accurately and effectively. Please feel free to contact us anytime you have suggestions on how All Pets Animal Hospital can better serve you.

ALL FEES ARE TO BE PAID AT THE TIME SERVICES ARE RENDERED OR UPON DISCHARGE OF THE PET. A DEPOSIT PAYMENT MAY BE REQUIRED.

Owner's Name _____

Spouse/Other _____

Address (No P.O. Boxes) _____

Address (No P.O. Boxes) _____

City _____ St _____ Zip _____

City _____ St _____ Zip _____

Home # _____

Home # _____

Cell # _____ Work # _____

Cell # _____ Work # _____

Employer _____

Employer _____

Employer's Address _____

Employer's Address _____

City _____ St _____ Zip _____

City _____ St _____ Zip _____

D. L. # _____ Issued State _____

D. L. # _____ Issued State _____

Date of Birth _____

Date of Birth _____

Branch of Service (if applicable) _____

Branch of Service (if applicable) _____

Rank _____ Unit _____

Rank _____ Unit _____

Email _____

Email _____

In case of EMERGENCY, please call _____

PLEASE COMPLETE THE FOLLOWING INFORMATION

YOUR SERVICES TODAY WILL BE PAID BY: PLEASE CHECK THE APPROPRIATE BOX

CASH

CHARGE- WE ACCEPT VISA, MASTER CARD, DISCOVER, AMERICAN EXPRESS

CARE CREDIT

Signature _____ How did you hear of our hospital _____

Individual we may thank? _____

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, ONLSOW ANIMAL HOSPITAL REQUIRES HOSPITALIZED AND BOARDED PETS TO BE CURRENT ON ALL ACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES.

Employee Signature _____ Date _____



The Standard of Veterinary Excellence

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Thank you for giving us this opportunity to care for our pet. Please help us meet your needs better by taking a moment to complete this information sheet.

Pet No. 1

Name : _____

Species: Dog Cat Other

Age or Date of Birth: _____

Sex: Male Female

Neutered/Spayed?: Yes No

Microchip? : Yes No

Microchip #: _____

Breed: _____ Color _____

Current medications, if any?: _____

Any current problems?: _____

Any long term problems?: _____

Previous vaccinations, if so, where were they obtained?: _____

Is this dog/cat taking heartworm prevention?

Yes No

Product Name: _____

Is this dog/cat using flea/tick prevention?

Product Name: _____

Pet No. 2

Name : _____

Species: Dog Cat Other

Age or Date of Birth: _____

Sex: Male Female

Neutered/Spayed?: Yes No

Microchip? : Yes No

Microchip #: _____

Breed: _____ Color _____

Current medications, if any?: _____

Any current problems?: _____

Any long term problems?: _____

Previous vaccinations, if so, where were they obtained?: _____

Is this dog/cat taking heartworm prevention?

Yes No

Product Name: _____

Is this dog/cat using flea/tick prevention?

Product Name: _____