



WELCOME. Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions about your pet's health. To insure the best care possible, please take the time to fill in this agreement completely.

● Pet Hospital ● Pet Hotel ● "Caring for the Pets You Love" ● allcreaturesonline.com

OWNER REGISTRATION

Owner _____ DL# _____

Address _____ Spouse _____ DL# _____

Apt. # _____ City _____ Zip _____ Home Phone _____

Work Phone _____ Spouse Work Phone _____ Cell Phone _____

Email _____ Please check if we may send your pet services reminders to your email address

How did you find our clinic? Friend Sign Superpages.com Web Search Coupon Other _____

If Friend, please tell us their name _____

Number of pets: Dogs _____ Cats _____ Other(specify) _____

Reason for visit _____

PET HEALTH HISTORY

Name of Pet _____ Dog Cat Other _____

Breed _____ Color _____

Male Neutered Female Spayed Date of Birth _____

Vaccination History (Date, type and place of last vaccination) _____

Please note any symptoms or problems you have noticed about your pet. _____

Pet's current medications _____

Describe your pet's diet _____

PAYMENT AND AUTHORIZATION

We are happy to provide an estimate of charges. Please request it prior to treatment of your pet.

By signing this agreement, I hereby authorize the veterinarians and staff of All Creatures Veterinary Center to examine, prescribe for, treat and care for the above-described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges are due and payable at the time of service and/or release and that a deposit may be required for surgical and/or emergency treatment. Additionally, I understand that should an outstanding balance exist on my account for any reason, I am liable for all monthly service fees, interest and costs of collection, including but not limited to legal fees and costs of court.

Method of Payment: Cash Check¹ MasterCard² Visa² American Express² Discover² CareCredit²

Check and Credit Card Policies

¹All Creatures Veterinary Center accepts only non-temporary personal checks with a valid Texas Driver's license or ID. Checks must be written and signed by the person(s) named on the check and may not be post dated. Should your check come back dishonored for any reason a \$30.00 processing fee (or the currently posted amount up to the legal limit) will be added to your account and any applicable taxes. All accounts left unpaid because of dishonored check(s) are prosecuted in Denton County. The county will also add fees or fines to prosecute the case. The use of a check as payment is your acceptance of this agreement and these terms.

²All Creatures Veterinary Center will accept these credit cards under the following conditions: The card must be presented by the card owner and the card owner must show a valid Texas Driver's license on request as proof of ownership. Any other conditions or arrangements for use of a credit card require additional documentation and the approval of the business manager.

I have read, understand and agree to the above Payment and Authorization terms as well as to the Check and Credit Card Policies of All Creatures Veterinary Center.

Signature of Owner _____ Date _____