



ALL Creatures Family Pet Hospital

5027 NW 34th BLVD.
Gainesville, FL 32605-1150
Phone: (352)335-0041

Welcome to ALL Creatures Family Pet Hospital
CLIENT REGISTRATION (page 1 of 2)

**All information supplied on this form is held in strict doctor-client confidentiality.
Please, download this document, print and bring completed form with you to your appointment.**

CLIENT INFORMATION:

Client Name: _____ **Cell Phone:** (____) _____

(Include only the individual who is the legally responsible adult pet caregiver. Do not include minors).

Home Phone: (____) _____ **Work Phone:** (____) _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

E-mail address: _____

Spouse/Co-pet caregiver name: _____ **Cell Phone:** (____) _____

(Include only the individual who is the legally responsible adult pet caregiver. Do not include minors).

Home Phone: (____) _____ **Work Phone:** (____) _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

E-mail address: _____

PET INFORMATION:

Pet's Name: " _____ " **Species/Breed:** _____ / _____

Birth date or hatch date: _____ **Color:** _____

Gender: Female Male Female/spayed Male/neutered Unknown (circle one)

Has your pet been implanted with a microchip? YES NO (circle one)

What is the reason for today's examination? _____

What, if any, previous medical problem(s) has your pet been treated? _____

What medication(s) is your pet currently receiving? _____

Please tell us about any other pertinent information you wish to relay regarding your pet's health: _____

How did you hear about ALL Creatures Family Pet Hospital? _____

For additional pets, please use Multiple Pets Form.

Member





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CLIENT REGISTRATION (Continued) (page 2 of 2)

Previous Veterinarian where records can be obtained: _____

Individual we may thank for referral: _____

I hereby authorize ALL Creatures Family Pet Hospital to examine, prescribe for, treat and or perform surgery upon the pets I present. I also consent to the administration of tranquilizers, analgesics and or anesthetics should they be deemed necessary for the treatment of my pet.

I understand, especially as regards exotic animal pets, most prescription drugs and anesthetics have not been officially tested or FDA approved for use in these species. Their use by veterinarians is referred to as “off label or extra-label use” of pharmaceuticals and I consent to the off label use of prescription drugs and anesthetics if deemed appropriate in the best judgement of the veterinarians employed by ALL Creatures Family Pet Hospital for the treatment of my pet(s). I understand that unpredictable adverse reactions and even death can result from the labelled or off label use of any drug.

I understand that while all procedures will be performed to the best of the clinic staff’s ability, no guarantee or warranty can be made regarding the result or cure.

I hereby accept financial responsibility for all services rendered, and I understand that fee payment will be required at the time services are rendered. I also understand that a reasonable deposit may be required in advance for hospitalized pets.

Signature: _____ Date: _____

Member

