

Thank you for trusting us with your pets needs, we strive to make everyone feel a part of our family here at All Creatures Animal Hospital!

Owners Name _____ Spouse _____
Address _____ City _____ Zip _____
Home Phone _____ Cell Phone _____
Work Phone _____ Referred by _____
Email Address _____

Pet's Name _____
Breed _____ Color _____
Spay Yes/No Neuter Yes/No
Male/Female Date of Birth _____ Or Age _____
Microchip/Tattoo Number _____

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I, the undersigned, agree the fees charged are a legal and lawful debt and agree to pay said fees including the cost of collection (33.33%), attorney fees, and/or court costs if such be necessary. I waive now and forever my rights of exemption under the laws of the state of Alabama and any other state. I also give consent to All Creatures Animal Hospital to use pictures of my pet on their FaceBook page, marketing or advertising as they may see fit.

I, the undersigned, give explicit prior consent to All Creatures Animal Hospital, its employer and agents to contact me at any/all phone numbers, including cell phone numbers, for the purpose of treatment and payment.

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. WE ACCEPT CASH, CHECK, VISA, MASTER CARD, DISCOVER, AMERICAN EXPRESS AND CARE CREDIT.

Signature _____ Date _____
The following persons are authorized to bring this pet in for treatment or to pick up after treatment.
