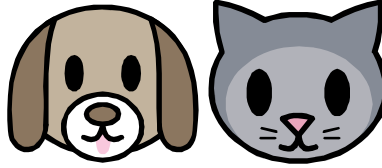


WELCOME TO ALL CREATURES ANIMAL CLINIC, LTD.

Thank you for entrusting your companion to our care.



CLIENT INFORMATION

Today's Date: _____

Your Name: _____ Spouse's Name: _____

Address _____ City: _____ State: _____ Zip: _____

E-mail Address: (not required) _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Place of Employment: _____ City: _____

Do children live in or visit your home? Yes No Are childproof caps needed? Yes No

How did you learn of our clinic? Newspaper Sign Yellow Pages Other _____

If recommended, by whom: _____

AUTHORIZATION

I authorize the veterinarian to examine, prescribe for, or treat any animals I present. I assume responsibility for all charges incurred for these animals. **I ALSO UNDERSTAND THAT THESE CHARGES WILL BE PAID AT THE TIME OF RELEASE** and that a deposit will be required for surgical treatment. Any fees incurred in collection of unpaid bills or returned checks will be my responsibility.

Signature of responsible party: _____ Date: _____

METHOD OF PAYMENT

Cash Check Visa Mastercard Discover Care Credit

Social Security # OR Driver's License # _____ State _____ Your Birthdate: _____