



All Creatures Care Cottage

Thank you for giving us the opportunity to care for your pet(s)

Please fill out the following registration form

(MUST BE OVER 18):

E-Mail Address: _____

Owner: Mr. Mrs. Dr. Ms. _____
Last Name First M.I.

Address: _____
Street and Apr # City State Zip Code

Phone Number: () _____ Co-Owner's Name: _____

Work Number: () _____ Co-Owner's Ph # : _____

Employer: _____ Owner's D.O.B(over 18): _____

Work Address: _____

How did you become aware of our hospital? Name of Friend (so we can thank them) _____
Pet Store/Animal Hospital: _____ Internet _____ Phone Book _____ Hosp. Sign _____ News Story _____ Brochure/Flyer _____
Other _____

<p>Pet's Name: _____</p> <p>Type of Pet: Dog _____ Cat _____ Bird _____ Rabbit _____ Ferret _____ Reptile _____ Guinea Pig _____ Rat _____ Mouse _____ Other _____</p> <p>Breed _____ Color _____</p> <p>Sex: Male _____ Female _____ Unknown _____</p> <p>Spay/Neutered? Yes _____ No _____</p> <p>Date of Birth or Age _____</p> <p>Is your pet current of Vaccines? Yes _____ No _____</p> <p>Name & Ph # of Previous Vet so we may obtain records: _____</p>	<p>Pet's Name: _____</p> <p>Type of Pet: Dog _____ Cat _____ Bird _____ Rabbit _____ Ferret _____ Reptile _____ Guinea Pig _____ Rat _____ Mouse _____ Other _____</p> <p>Breed _____ Color _____</p> <p>Sex: Male _____ Female _____ Unknown _____</p> <p>Spay/Neutered? Yes _____ No _____</p> <p>Date of Birth or Age _____</p> <p>Is your pet current of Vaccines? Yes _____ No _____</p> <p>Name & Ph # of Previous Vet so we may obtain records: _____</p>
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To prevent the spread of infectious diseases and parasites, hospitalized and boarded animals must be current on all vaccines and free of internal and external parasites. I authorize the veterinarian to provide vaccines and parasite control as needed for my pet(s).

ALL FEES ARE DUE WHEN PET IS DROPPED OFF FOR SURGERIES, DENTALS, HOSPITALIZATION AND BOARDING

I hereby authorize the veterinarian to examine, prescribe for or treat my pet(s). I assume responsibility for all charges incurred in the care of my pet(s). I also understand that any additional charges will be paid at the time of release and that a 100% deposit is required for boarding, surgical treatments, drop-off exams and hospitalization. I also understand that ACCC reserves the right to charge at least \$69 for missed clinic and surgical appointments if not cancelled at least 24 hours in advance. We do not extend credit or bill for our services. If you have financial concerns, we will be glad to discuss our fees before your pet's examination. I also am aware that off-label use of pharmaceuticals may be used on exotic pets.

Signature of Owner: _____ Date: _____

Methods of payment we accept with proper identification are: Cash, Check, MasterCard, VISA, American Express and CareCredit