



Welcome to All Springs!

Thank you for choosing All Springs Veterinary Hospital! To insure the best possible care for your pet, please take a moment and fill out the following information for us. We look forward to getting to know you and your pets.

Please Note: All fees are due at the time services are rendered.

We accept cash, Visa, Mastercard, American Express, Discover, Check, and Care Credit. If you would like information about Care Credit please ask the front desk.

Owner's Name: _____

Mailing Address: _____

City _____ State _____ Zip _____

Physical Address (if different from mailing address): _____

Home Phone: _____ Cell _____

Email: _____

Place of employment: _____ Phone # _____

How did you hear about us?

- ☐ Sign / Advertisement (Where?) _____
- ☐ Internet
- ☐ Recommendation (From Whom? We'd like to thank them.) _____
- ☐ Other _____

Pet information
Name
Species (cat, dog, other)
Breed
DOB or approximate age
Gender
Is your pet spayed/ neutered?
Color

Pet 1	Pet 2	Pet 3

I do hereby authorize All Springs Veterinary Hospital to provide my pet emergency veterinary treatment if needed. ASVH maintains a flea free hospital. I understand if fleas are found on my pet, ASVH may treat or medicate as needed. I understand that Care Credit is available and is the only credit option available at All Springs Veterinary Hospital other than credit/debit cards. I hereby authorize the veterinarian to examine, prescribe for, or treat any/all pets that I or my designated agent may bring to All Springs for care. I assume responsibility for all charges incurred in care of any/all of these pets. I also understand these charges will be paid at the time of pet's release and that a deposit may be required for treatment.

Signature of Owner/ designated Agent: _____ Date: _____