

ALL FOR PAWS ANIMAL CLINIC

Client Registration Form



Owner's Last Name: _____ Owner's First Name: _____

Co-Owner's Name: _____

Mailing Address: _____

Street Address: _____

City, State, Zip: _____

Primary Phone Number: _____

Primary Cell Phone Number: _____

Work Phone Number: _____

E-mail Address: _____

How do you prefer to be contacted: Email, Text, Phone call? _____

Employer's Name: _____

Work Number: _____

In the event we cannot reach you, please provide an emergency contact:

Name: _____

Relation: _____

Phone: _____

How did you become aware of our clinic? _____

By signing below you understand that professional fees are to be paid at the time services are rendered. We do not carry open accounts. *We accept cash, Master Card, Visa, American Express, Discover, Scratch Pay, and Care Credit. We do not accept personal checks.* In cases where in-hospital, emergency care, or hospitalization is required, a deposit prior to treatment may be required. We reserve the right to require pre-payment for any estimated services. I, the undersigned, have read and understand the payment policy of All For Paws Animal Clinic.

Signature: _____

Date: _____

Created By: _____

Uploaded By: _____

ALL FOR PAWS ANIMAL CLINIC

Patient Registration Form



Owner's Name: _____

Patient's Name: _____

Species (Cat or Dog): _____

Breed: _____

Coat Color: _____

Sex: _____

Birthdate/Age: _____

Spay/Neuter: Yes No

Microchipped: Yes No

Medical Alerts: *Yes or No*

Aggressive with other pets _____

Biter _____

Sensitive to anesthesia/sedatives? _____

Antibiotic sensitive _____

Seizures _____

Vaccine reaction _____

Nervous at the vet _____

Known medical conditions _____

Is your pet currently taking any medication? If so, what kind and how often? _____

List all known allergies or reactions to medications: _____

Is there anything you'd like us to know about your pet? _____

Has your pet been seen by another clinic? If so, what is the name of the clinic and may we call for records?

Created By: _____

Uploaded By: _____

Virginia Veterinary Disclosure Form

(Please read carefully before signing)

All For Paws Animal Clinic has business and medical staffing hours as follows:

Monday – Friday 7:30 a.m. until 6:00 p.m.
Saturday..... 8:00 a.m. until 1:00 p.m.
Sunday (boarding pick-ups only) 5:00 p.m. until 6:00 p.m.

The clinic is closed on Sunday and on holidays; therefore this is to inform you that we have no in-house, on-duty continuous medical staff care:

- Overnight, from closing time at 6:00 p.m. to opening time at 7:30 a.m. (8:00 a.m. on Saturday);
- Weekends, from closing time at 1:00 p.m. on Saturday to opening time at 7:30 a.m. on Monday morning;
- Holidays, from closing time at 6:00 p.m. the day before the holiday to opening time at 7:30 a.m. the day after the holiday (8:00 a.m. on Saturday);
- Holidays falling on Monday, from closing time at 1:00 p.m. on Saturday to opening time at 7:30 a.m. on Tuesday.

I have read this form and I am aware of the clinic's hours of operation, as well as the hours of in-house, on-duty continuous medical staffing.

Client Signature _____ Date _____

Photo Release Form

All For Paws Animal Clinic
175 Shoppers Way
Christiansburg, VA 24073

I grant to All For Paws Animal Clinic and its employees permission to take photographs of me and/or my pet(s). I understand that this photo may be used for social media and/or as a marketing tool.

Signature

Printed Name

Date