



All Creatures Animal Clinic

3382 Washtenaw Ave. • Ann Arbor, MI 48104 • 734.973.1884

New Client Information and Patient History Sheet

New Client Information:		
Primary Owner	First Name:	Last Name:
Address	Street:	Appt#
	City:	State
	Email:	
Telephone	Home:	Alternate:
Spouse/ Partner	First Name:	Last Name:
How did you hear about us?	<input type="checkbox"/> Friend (whom may we thank?): _____ <input type="checkbox"/> Phonebook <input type="checkbox"/> Internet <input type="checkbox"/> OTHER: _____	

*Payment due when services rendered****

Pet Information:	First Pet:	Second Pet:
Pet Name		
Birth Date/Age		
Species/Breed		
Color		
Sex Spayed/Neutered		
Microchip ID		
Last clinic where vaccinated		
Date and result of last fecal test		
Name heartworm preventative used		
On any medications? Please list.		
Had any illnesses or injuries in the last 12mos? Ever had a seizure? Please describe.		

Please describe the reason for today's visit:

I am the owner or agent of this pet. I give permission to treat my pet. I accept financial responsibility for services performed.

Signature of owner or agent: _____

Date: _____