



Name *

First

Last

Address *

Address Line 1

Address Line 2

City

State

Zip Code

Preferred Phone Number *

Who does this phone number belong to? *

Email *

Employer

Employer Phone Number

Secondary Contact Name *

First

Last

Relationship to Contact *

Address same as primary? *

Yes

No

Address *

Address Line 1

Address Line 2

City

State

Zip Code

Preferred Phone Number *

Email

Employer

Employer Phone Number

How would you prefer to receive reminders? *

- Email
- Postcard

How did you hear about us? *

- Other Vet
- Tour
- Internet/Website/Social Media
- Friend/Relative
- Other

Please provide further detail. *

Pet's Name *

Type *

- Dog
- Cat

Gender *

- Male
- Female

Pet is: *

- Altered
- Non-Altered

Breed *

Color *

Age/Date of Birth *

Date of Last Vaccination *

Where did you get your pet? *

- Adopted
- Pet Store
- Breeder
- Other

Please provide further detail. *

Have you visited a previous vet clinic? *

- Yes
- No

Name of Previous Vet Clinic *

Previous Vet Clinic Address

Address Line 1

Address Line 2

City

State

Zip Code

Previous Vet Clinic Phone Number

Any long term medical conditions?

Please list current medications.

Does your pet have any allergies? *

- Yes
- No

Please explain.

Do you have another pet? *

- Yes
- No

Pet's Name *

Type *

- Dog
- Cat

Gender *

- Male
- Female

Pet is: *

- Altered
- Non-Altered

Breed *

Color *

Age/Date of Birth *

Date of Last Vaccination *

Where did you get your pet? *

- Adopted
- Pet Store
- Breeder
- Other

Please explain. *

Have you visited a previous vet clinic? *

- Yes
- No

Name of Previous Vet Clinic *

Previous Vet Clinic Address

Address Line

City

Zip Code

State

Previous Vet Clinic Phone Number

Any long term medical conditions?

Please list current medications.

Does your pet have any allergies? *

- Yes
- No

Please explain. *

Do you have another pet? *

- Yes
- No

Pet's Name *

Type *

- Dog
- Cat

Gender *

- Male
- Female

Pet is: *

- Altered
- Non-Altered

Breed *

Color *

Age/Date of Birth *

Date of Last Vaccination *

Where did you get your pet? *

- Adopted
- Pet Store
- Breeder
- Other

Please explain. *

Have you visited a previous vet clinic? *

- Yes
- No

Name of Previous Vet Clinic *

Previous Vet Clinic Address

Address Line 1

City

Zip Code

State

Previous Vet Clinic Phone Number

Any long term medical conditions?

Please list current medications.

Does your pet have any allergies? *

- Yes
- No

Please explain. *

I hereby authorize All-Star Veterinary Clinic to use my pets' photographs, videos, and first name for the clinic's social media pages and website.

I hereby authorize the veterinarian to examine, prescribe for, or treat the above mentioned pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid for at the time of release and that a deposit may be requested for surgical treatment. *

- I have read and understand.

I understand that typing my name in the box below constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance. *