



**Name \***

First

Last

**Has your address, phone number, or email recently changed?**

Yes

No

**Address \***

Address Line 1

Address Line 2

City

State

Zip Code

**Preferred Phone Number \***

**Email \***

**How would you prefer to receive reminders? \***

Email

Postcard

**Pet's Name \***

**Type \***

- Dog
- Cat

**Gender \***

- Male
- Female

**Altered? \***

- Yes
- No

**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? \***

- Yes
- No

**Please explain. \***

**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

Address Line 2

City

State

Zip Code

**Previous Vet Clinic Phone Number**

**Any long term medical conditions? \***

Yes

No

**Please explain. \***

**Please list current medications.**

**Does your pet have any allergies?**

- Yes
- No

**Please explain. \***

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

Sign Here

**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. \***

Sign Here