

**For Office Use Only**  
Account # \_\_\_\_\_

# All Pets Animal Hospital, PA.

7 Reynolds Mountain Blvd. • Asheville, NC 28804  
(828) 645-5252 • Fax: (828) 645-2962  
www.allpetsasheville.com

**Welcome to our practice!** Thank You for giving us the opportunity to care for your pet!  
Please provide the information requested below regarding you and your pet(s). **Please print!**

TODAY`S DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ E-MAIL \_\_\_\_\_

OWNER`S NAME \_\_\_\_\_ SPOUSE/OTHER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ CELL/ALTERNATE (\_\_\_\_) \_\_\_\_\_

NC DRIVER`S LICENSE # \_\_\_\_\_ SS# \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_

SPOUSE/OTHER EMPLOYER \_\_\_\_\_ WORK PHONE(\_\_\_\_) \_\_\_\_\_

PET(S) NAME	DATE OF BIRTH	SPECIES	BREED/COLOR	SEX/NEUTERED
_____	____/____/____	_____	_____	_____
_____	____/____/____	_____	_____	_____
_____	____/____/____	_____	_____	_____

LIST PREVIOUS VETERINARIAN (IF ANY) \_\_\_\_\_

HAS YOUR PET BEEN VACCINATED IN THE PAST 12 MONTHS? \_\_\_\_\_

WHOM MAY WE THANK FOR YOUR REFERRAL? \_\_\_\_\_

**ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** We accept CASH, CHECKS, MASTERCARD, VISA, OR DISCOVER. We will gladly prepare a written estimate if you desire (please ask the Doctor or Receptionist). There will be a \$25 SERVICE CHARGE for all RETURNED CHECKS. Any account turned over to collection will be assessed an additional fee of up to 40% of the balance due. Any outstanding balance past 30 days will receive a finance/ billing charge of 18% APR (min. charge of \$4). YOUR SIGNATURE BELOW STATES THAT YOU HAVE READ THE ABOVE. **PLEASE INITIAL HERE** \_\_\_\_\_

I WILL BE PAYING BY: CASH \_\_\_\_\_ CHECK \_\_\_\_\_ CREDIT CARD ( TYPE ) \_\_\_\_\_

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES, ALL PETS **MUST** BE CURRENT ON VACCINATIONS AND FREE FROM FLEAS/TICKS BEFORE ENTERING THE HOSPITAL. **WE RESERVE THE RIGHT TO TREAT** ALL ANIMALS IN OUR CARE WHEN NECESSARY AT OWNER`S EXPENSE. THIS IS FOR YOUR PET`S PROTECTION.

**SIGNATURE OF RESPONSIBLE AGENT FOR PET(S)**

\_\_\_\_\_