



All Animal Alternative Medicine
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Douglas R. Yearout, D.V.M.

Welcome to All Animal Alternative Medicine. It is our desire to provide you with the very best in veterinary care for your pet. We urge you to ask any questions concerning clinic policies or treatment of your animals.

Owner's Name(s) _____

Owner's Address _____ City _____ ZIP _____

Owner's Cell Phone # _____ Other Phone # _____

Emergency Contact _____ Phone # _____

Primary Email _____

Owner's Place of Employment _____ Address _____

How did you hear about our clinic? _____

PET INFORMATION—Reptile

Name	Species	Breed	Color(s)	D.O.B.	Sex

Previous medical problems (specify which pet) _____

Known sensitivities or allergies _____

I understand that clinic policy requires payment for medical services at the time they are provided. A deposit may be required when in-hospital surgery or treatment is necessary. Written estimates are available upon request.

We welcome you to our practice and look forward to treating your family pets in a professional and caring manner.

Signature of Owner _____ Date _____

INFORMATION ON REPTILE:

Breed of Reptile: _____ Name: _____

Sex (if known): _____ Date of Birth: _____

Please answer the following questions as thoroughly as possible.
Use name brands where applicable.

Diet: _____

How often is food offered: _____

Type of Habitat: _____

Heat Source: _____

White/Day Light Source: _____

Habitat Temperature Range: _____ Humidity Range: _____

Does your reptile get a bath? _____ If yes, how is this done? _____
_____ How often? _____

Are you using a vitamin supplement? _____

Are you using a mineral supplement? _____

Has your reptile been checked for fecal parasites? _____

If yes, what was the date? _____

Do you have any other reptiles at home? _____

If yes, what kind? _____