

# North Alabama Cat & Bird Veterinary Clinic

1110 Main Street East ♦ Hartselle, Alabama 35640 ♦ (256) 773-0844

*Dr. Jan Strother Dr. Elaine Moore Dr. Lindsay Bryant*

| PATIENT INFORMATION   |  |                                 |   |
|---|--|---------------------------------|---|
| Pet's Name  | Male <input type="checkbox"/>  | Female <input type="checkbox"/> | Spayed <input type="checkbox"/> Neutered <input type="checkbox"/> |
| Species   | Breed  | Color                           | Date of Birth/Approx. Age   |
| Previous Doctor's Name  | May we request records? Yes <input type="checkbox"/> No <input type="checkbox"/> |                                 |   |
| CLIENT INFORMATION  |  |                                 |   |
| Owner's Name  | Co-Owner/Spouse  |                                 |   |
| Address   | City   | State                           | Zip   |
| Home Phone ( )  | Business Phone ( )   | Cell Phone ( )                  |   |
| Please list any other persons with whom we may release your pet.  |  |                                 |   |
|   |  |                                 |   |
| E-Mail Address  |  |                                 |   |
| Occupation  | Employer   |                                 |   |
| How will this account be paid? Cash <input type="checkbox"/>  | Debit/Credit Card <input type="checkbox"/>                                       |                                 |   |
| If paying with Credit Card, would you like to keep it in file for regular use?  |  |                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>          |
| Driver's License Number   | State  |                                 |   |
| Owner's Signature   | Today's Date   |                                 |   |
| How did you learn about the clinic?   |  |                                 |   |
| If by personal recommendation, please give the name of the person.  |  |                                 |   |
| <b>ALL FEES ARE DUE AT THE TIME OF SERVICE. OUR STAFF WILL HAPPILY PROVIDE YOU WITH AN ESTIMATE AFTER THE DOCTOR'S INITIAL PHYSICAL EXAM. A DEPOSIT PRIOR TO TREATMENT MAY BE REQUIRED DEPENDING ON THE AMOUNT OF THE ESTIMATE.</b> |  |                                 |   |
| <u>Critical Alerts and / or Preventative Medicine</u><br>For Clinic Use Only  |  |                                 |   |
|   |  |                                 |   |