

The Animal Clinic

Patient/Client Information

Owner's Name: _____
 Owner's Social Security Number: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone #: _____
 Cell Phone #: _____
 Work Phone #: _____
 Driver's License #: _____ State: _____
 Employer's Name & Address: _____
 Email Address _____
 Name of Previous/Current Veterinarian: _____
 How did you hear of our hospital? Internet Yellow pages Sign Other _____
 How Would You Like To Be Reminded of Future Recommended Preventive Health Care Services For Your Pet?
 Phone Mail Both Phone & Mail

TO HELP PREVENT THE SPREAD OF INFECTIOUS DISEASES ALL HOSPITALIZED/BOARDING/GROOMING PETS NEED TO BE CURRENT ON ALL VACCINATIONS. DUE TO STATE LAW ALL DOGS AND CATS MUST BE CURRENT ON RABIES VACCINATIONS. THESE CAN BE UPDATED AT THE TIME OF YOUR APPOINTMENT.

Animal Medical History

Please complete information for all your pets - Thank You!	Pet #1	Pet #2	Pet #3
Pet's Name			
Species (Dog, Cat, Bird, etc.)			
Breed			
Description (Color and Markings)			
Age or Date of Birth (Approximate)			
Sex			
Altered or Spayed?			

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed and additional pets I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I accept the fee charged as a legal and lawful debt and agree to pay said fee, including any/all collection agency fees (33.33%), attorney fees and/or court cost, if such be necessary. I waive now and forever my right of exemption under the laws of the constitution of the State of Alabama and any other State. I agree in order for us to service your account or to collect monies you may owe, we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide to use. Methods of contact may include using pre-recorded/artificial voice messages and /or use of automatic dialing device, as applicable. I understand that a service fee of \$30.00 will be assessed for each non-sufficient fund check and/or certified letter that must be sent. If I neglect to pick up my animal within 5 days of the discharge date and do not notify you within that time period, you may assume that the animal is abandoned and are hereby authorized to dispose of the animal as you deem best and/or necessary.

I/We have read this disclosure and agree on the terms above and that The Animal Clinic and its employees and/or agents may contact me/we as described above

Signature _____ Date _____