

Animal Medical Center

NEW PATIENT & CLIENT INFORMATION SHEET

Welcome to Animal Medical Center. In order to provide exceptional care for your pets, please share some information with us.

PATIENT INFORMATION (PLEASE PRINT)

Pet's name: _____ Sex: ___Male ___Female Neutered/Spayed? ___Yes ___No

Species: ___Dog ___Cat ___Other _____ Pet's Date of Birth (mo/day/year) ___/___/___

Breed _____ Color _____

Does your pet currently have any allergies, special medications, or health problems that we should know about?

___yes ___no If yes, please explain _____

CLIENT INFORMATION (PLEASE PRINT)

First name _____ Last name _____

Spouse's first name _____ Spouse's Last name _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

Email Address _____ Employer _____

For check writing privileges, please provide your driver's license # _____ Exp _____

We are glad you're here! HOW DID YOU HEAR ABOUT US?

___ Referred by a friend. Whom may we thank? _____

___ Drove by ___ Facebook ___ Other If other, please explain _____

Payment is due at the time the service is rendered. For your convenience, we accept cash, Care Credit, and most major credit cards. I verify that all the information provided is accurate.

I agree and understand that if my pet(s) is/are left at Animal Medical Center for 7 days beyond the scheduled pick-up date and I have not made contact, the company will consider the pet(s) abandoned and have the sole right to re-home my pet(s), according to the Mississippi State Law.

All fees are due at time of service or when patient is released. A deposit prior to treatment may be required. A written estimate of fees will be provided upon request for services and/or procedures to be performed. All unpaid fees will be sent to collections. I will be responsible for all collection and legal fees incurred by such actions. I understand the Animal Medical Center may hold my pet(s) until my bill has been paid in full.

I warrant that I am at least 18 years old and that I accept exclusive and sole responsibility, financial and otherwise for all treatments done by Animal Medical Center.

Signed _____ Date _____