

# Animal Medical Center of Hernando

## NEW PATIENT & CLIENT INFORMATION SHEET

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

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### CLIENT INFORMATION (PLEASE PRINT)

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Other responsible Party Name and Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Employer: \_\_\_\_\_

For check writing privileges, please provide your driver's license #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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### PATIENT INFORMATION (PLEASE PRINT)

Pet's name: \_\_\_\_\_ Sex: \_\_\_ Male \_\_\_ Female

Neutered/Spayed? \_\_\_ Yes \_\_\_ No Species: \_\_\_ Dog \_\_\_ Cat \_\_\_ Other Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Pets Date of Birth (mo/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_

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

\_\_\_ yes \_\_\_ no If yes, please explain: \_\_\_\_\_

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**PATIENT INFORMATION (PLEASE PRINT)**

Pet's name: \_\_\_\_\_

Sex: \_\_\_ Male \_\_\_ Female

Neutered/Spayed? \_\_\_ Yes \_\_\_ No    Species: \_\_\_ Dog \_\_\_ Cat \_\_\_ Other    Breed: \_\_\_\_\_

Color: \_\_\_\_\_    Pets Date of Birth (mo/day/year): \_\_\_/\_\_\_/\_\_\_\_\_

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

\_\_\_ yes \_\_\_ no    If yes, please explain: \_\_\_\_\_

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**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 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 the 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 that the Animal Medical Center may hold my pet(s) until my bill has been paid in full.**

**I warrant 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: \_\_\_\_\_**