



Vestavia Animal Clinic - Patient/Client Information

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out this information sheet.

Owner's Name: _____

Spouse Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Spouse Cell: _____

Email Address: _____

Owner's Social Security #: _____ Driver's License #: _____

Employer: _____ Address: _____

Phone#: _____

How Did You Hear About Us?

Sign () Referral () Google () Facebook () Yelp () NextDoor ()

Team Member () Other ()

Whom should we thank _____

Pet Information

Name	Species/Breed	Color	Sex (spayed or neutered?)	DOB/Age
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

*****To help us to prevent the spread of infectious diseases, hospitalized and boarding pets must be current on vaccinations.*****

*****Payment is expected at the time services are rendered. We will gladly prepare a written estimate of cost. Please discuss with receptionist or doctor.*****

I understand that 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 the doctors and staff of this veterinary clinic to receive, prescribe for, treat medically, or perform surgery upon the pet(s) listed above 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. Past due invoices (over 30 days) are subject to a finance charge of 1.5% per month, annual percentage rate of 18% which is allowed by law. I agree to pay for the reasonable cost of collection, including attorney fees, in the event that collection efforts become necessary. I understand that a service fee of \$42.50 will be assessed for each non-sufficient fund check and/or certified letter that must be sent. If I neglect to pick up my pet within five (5) days of the discharge date and do not notify Vestavia Animal Clinic within that time period, you will assume that the pet is abandoned. The pet then becomes property of Vestavia Animal Clinic, all rights of ownership by me are abandoned by the previous owner, and the pet may be disposed of as deemed best and/or necessary by the doctor representing Vestavia Animal Clinic.

Signature: _____

Date: _____