

North Shelby County Animal Hospital

Client Information

Owners Name: _____

Address: _____

City: _____ Zip Code: _____ Home Phone: _____

Spouse: _____ Cell Phone: _____ Spouse Cell: _____

E-mail Address: _____

Place of Employment: _____ Phone: _____

Social Security #: _____ Driver's Licenses # _____

Preferred method of contact: Email _____ Text _____ Phone _____

Previous Vet: _____

Were you referred by someone?: _____

Pet Information

Dog/Cat/Exotic	Name	Breed	Color	Sex (spayed/neutered)	DOB
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PAYMENT IS DUE AT TIME OF SERVICE

Upon admission of my pet(s) to this veterinary facility, I thereby give my permission to the Doctors therewith associated to perform any and all indicated and appropriate medical and surgical procedures necessary in their efforts to sustain and support its (their) health.

I also give my permission for any elective medical, surgical and/or diagnostic procedure(s), requested by me or my agent, to be performed. I further agree that the Doctors and Staff of this Clinic shall not be held responsible in the event of disability and/or death associated with any of the above procedures.

I further agree to pay the normal charges for these medical and surgical services and, as to charges therefore, waive rights of exemption and agree to pay cost of collection including attorney fees.

Signature of Owner