



# PetVet

ANIMAL HEALTH CENTER

## Welcome to PetVet Animal Health Center

*"Caring Hands for the Pets You Love"*

Please help us to serve you better by providing the following information:

Are you new to PetVet:  Yes  No

**How did you hear about us?**

Friend or Family Member? If so, who may we thank? \_\_\_\_\_

Phone Book       Internet       Previous Client       Other

Is this a referral from another veterinarian?  Yes  No

If yes, who may we thank? (Dr.'s Name/Clinic Name) \_\_\_\_\_

**CLIENT INFORMATION:**

Dr. / Mr. / Mrs. / Ms. / Miss

Owner \_\_\_\_\_

Spouse \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

Apt # \_\_\_\_\_ Lot # \_\_\_\_\_

Apt # \_\_\_\_\_ Lot# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Owner's Birthdate \_\_\_\_\_ (required)

Reminder Preference Text \_\_\_\_\_ Email \_\_\_\_\_ Postcard \_\_\_\_\_

**PATIENT INFORMATION:**

1. Pet Name \_\_\_\_\_

Sex:  M  F       Spayed  Neutered

Species (Cat, Dog, Other) \_\_\_\_\_

Breed \_\_\_\_\_ Age \_\_\_\_\_ Color \_\_\_\_\_

2. Pet Name \_\_\_\_\_

Sex:  M  F       Spayed  Neutered

Species (Cat, Dog, Other) \_\_\_\_\_

Breed \_\_\_\_\_ Age \_\_\_\_\_ Color \_\_\_\_\_

3. Pet Name \_\_\_\_\_

Sex:  M  F       Spayed  Neutered

Species (Cat, Dog, Other) \_\_\_\_\_

Breed \_\_\_\_\_ Age \_\_\_\_\_ Color \_\_\_\_\_

We want to make your pet famous! Do we have permission to share your pet's image and story on social media, our website and other marketing materials?  Yes  No

List name of anyone other than yourself who has permission to pick up your pet: (Required)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**All Fees Are Due at the Time of Service:**

For your convenience, we accept cash, checks, Visa, MasterCard, Discover, and Care Credit. We can provide a written estimate any time at your request. There will be a \$30.00 service charge for any check returned unpaid. Statements are mailed at the 1st of each month. All accounts carrying an unpaid balance will be charged a monthly interest rate of 1.5%.

I acknowledge that no guarantees have been made as to the effect of examinations or treatments. I, the undersigned, accept the fee charged as a legal and lawful debt and agree to pay said fee, including any/collection agency fees (33.33%), attorney fees, and/or court costs, if such are 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.

You agree, in order for us to service your account or to collect monies you may owe, PetVet Animal Health Center and/or agents 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 us. Methods of contact may include using pre-recorded/artificial voice messages and/or use of automatic dialing device, as applicable.

I/We have read this disclosure and agree that PetVet Animal Health Center, its employees and/or agents may contact me/us as described above.

Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/Other Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_