

PLEASE FILL OUT ENTIRE FORM & SIGN BELOW.
Anyone under the age of 18 must have a parent or guardian complete form

Name _____ Spouse's Name _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Work Phone _____ Spouse Phone _____
 Employer _____ Spouse's Employer _____ Date Of Birth _____
 Driver's License # _____ Social Security # _____ Email Address _____

ALL FEES ARE DUE AT TIME OF SERVICE

Signature _____

Method of payment: • Cash/Check • American Express • Discover • Master Card • Visa Care Credit

	Pet # 1	Pet # 2	Pet # 3
Name			
Breed			
Date of Birth			
Color			
Sex M/F Spay/Neuter			

Your dog's vaccination history:

Rabies			
DHLP, Parvo, Corona			
Bordetella			
Fecal (stool sample)			
Heartworm Prevention			

Your cat's vaccination history:

Rabies			
Dist-Rhino Calici			
Leukemia Test			
Feline Leukemia			
Fecal (stool sample)			

Had any previous serious illnesses or surgeries? _____

Had any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN.

I, the undersigned, agree to pay all charges incurred by myself and members of my family for services rendered. In the event legal action becomes necessary, I agree to pay 1 ½% interest per month on the unpaid balance beginning 30 days after service is rendered. I realize I am responsible for reasonable attorney fees if my account is turned over for collection. I hereby waive my rights of exemption under the laws of the State of Alabama and every other state. _____