## Welcome to Carriage Hills Animal Hospital and Pet Resort

Thank you for giving us the opportunity to care for your pet which we feel is a member of your family. Please help us to serve you better by providing the following information:

| Are you new to Carriage Hills Animal Hospital? ( ) Ye                 | es ( ) No                      |
|---|--------------------------------|
| Will your pet be coming for grooming or boarding purposed of          | only? ( ) Yes ( ) No           |
| How did you hear about us?  |                                |
| Friend of Family Member (If so, who may we that TV/Pet Vet Phone Book |                                |
| I v/i et vet i none Book  | revious Chefit                 |
| Is this a referral from another veterinarian? ( ) Yes (               | ) No If yes, please provide:   |
| Doctor's Name:  | Clinic Name:                   |
| CLIENT INFORMATION:   |                                |
| Owner   | Spouse                         |
| Street Address  | Street Address                 |
| City State Zip  | City State Zip                 |
| Home Phone  | Home Phone                     |
| Cell Phone  | Cell Phone                     |
| Work Phone  | Work Phone                     |
| Email   | Email                          |
| Would you like to receive our Email Newsletter?                       | ( ) Yes ( ) No                 |
| Employer  | Employer                       |
|   |                                |
| Please help us prevent identity theft by providing the following      | ng and a picture ID (Required) |
| Driver's License #  | Driver's License #             |
| Social Security #   | Social Security #              |
| Date of Birth   | Date of Birth                  |
| Emergency Contact   | Phone Number                   |
| List all parties that you authorize to use this account. (Require     | red)                           |
| Name  | Name                           |
| Name  | Name                           |

| 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  |                        |
| 4. Pet Name  | Sex: M   | F   | Spayed  | Neutered   |                        |
| Species (Cat, Dog, Other)  |  |   |   | Color  |                        |
| Relationship Relationship  |  |   |   |  |                        |
| All Fees Are Due at the Time of Service For your convenience, we accept cash, of   | checks, Visa, MasterO  |   |   |  |                        |
| For your convenience, we accept cash, of We can provide a written estimate any transpaid. Failure to arrange payment for your ailure to make good any returned check   | checks, Visa, MasterOime at your request. To   | There will be a salt in the referra   | \$30.00 service chal to our collection  | arge for any check returnents agent or in the event of   | ed<br>your             |
|  | checks, Visa, MasterCime at your request. To your account will rest, your account will be s consent to Carriage  | There will be a sult in the referrate turned over to Hills Animal F   | \$30.00 service chal to our collection the Montgomer  | narge for any check returners agent or in the event of y County District Attorney byees and agenst, to contact   | d<br>your<br>'s        |
| For your convenience, we accept cash, of We can provide a written estimate any tanpaid. Failure to arrange payment for your ailure to make good any returned check office for collection.  | checks, Visa, MasterCime at your request. To your account will resurd, your account will be seen seen to Carriage including cell phoen in the bear made as to the lawful debt and I/we necessary and waivin  | There will be a sult in the referrate turned over to Hills Animal Inhumber, for the me effect of exal agree to pay sa                     | \$30.00 service chal to our collection the Montgomer  Hospital, its employerpose of treatre minations or treatid fees, including  | parge for any check returners agent or in the event of y County District Attorney by es and agenst, to contain the and/or concerning pays the cost of collection (33.  | your's                 |
| For your convenience, we accept cash, of We can provide a written estimate any tempaid. Failure to arrange payment for your ailure to make good any returned check office for collection.  We, the undersigned, give prior expressively at any/all phone numbers given, in we acknowledge that no guarantees has gree the fee(s) charged are a legal and ttorneys fees and court cost if such be consitution and laws of Alabama, or any   | checks, Visa, Master Cime at your request. The your account will rest at your account will be a consent to Carriage and counting cell phoen to the county of | There will be a salt in the referrate turned over to Hills Animal Foumber, for the me effect of exalt agree to pay salt good now and fore | \$30.00 service chal to our collection the Montgomer  Hospital, its employer purpose of treatre minations or treating fees, including ver any right to consider the service of the service  | parge for any check returners agent or in the event of y County District Attorney by es and agenst, to contain the and/or concerning pays the cost of collection (33.  | your's                 |
| or your convenience, we accept cash, of the can provide a written estimate any to an appear to make good any returned check office for collection.  Twe, the undersigned, give prior expressively at any/all phone numbers given, in the fee seems of the fee seems o | checks, Visa, Master (ime at your request. I your account will rest or, your account will be seen seen to Carriage including cell phoen to the seen made as to the lawful debt and I/we necessary and waiving other state.   | There will be a salt in the referrate turned over to Hills Animal Foumber, for the me effect of exa agree to pay salt good now and fore   | \$30.00 service chal to our collection the Montgomer  Hospital, its employer purpose of treatre  minations or treated in fees, including over any right to compare the collection of the Montgomer and the collection of the Montgomer and the collection of the Collection of the Montgomer and the Collection of the Collecti | arge for any check returners agent or in the event of y County District Attorney byees and agenst, to containent and/or concerning pays tments. I/we, the undersign the cost of collection (33. laim exemption under the | you: 's  et  tut  med, |
| For your convenience, we accept cash, of We can provide a written estimate any tanpaid. Failure to arrange payment for yailure to make good any returned check office for collection.  Twe, the undersigned, give prior express the we acknowledge that no guarantees has gree the fee(s) charged are a legal and thorneys fees and court cost if such be a second of the convergence  | checks, Visa, Master (ime at your request. I your account will rest or, your account will be seen seen to Carriage including cell phoen to the seen made as to the lawful debt and I/we necessary and waiving other state.   | There will be a salt in the referrate turned over to Hills Animal Foumber, for the me effect of exa agree to pay salt good now and fore   | \$30.00 service chal to our collection the Montgomer  Hospital, its employer purpose of treatre  minations or treated in fees, including over any right to compare the collection of the Montgomer and the collection of the Montgomer and the collection of the Collection of the Montgomer and the Collection of the Collecti | arge for any check returners agent or in the event of y County District Attorney byees and agenst, to contain the and/or concerning pays the cost of collection (33. laim exemption under the de:                        | your's                 |

PATIENT INFORMATION: Please list all pets