

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? () Yes () No

Will your pet be coming for grooming or boarding purposed only? () Yes () No

How did you hear about us?

_____ Friend of Family Member (If so, who may we thank?) _____
_____ TV/Pet Vet _____ Phone Book _____ Website _____ Previous Client

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 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. **(Required)**

Name _____ Name _____

Name _____ Name _____

PLEASE SEE REVERSE SIDE

PATIENT INFORMATION: Please list all pets

- 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) _____ Breed _____ Age _____ Color _____

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

Name _____	Name _____
Relationship _____	Relationship _____

All Fees Are Due at the Time of Service:

For your convenience, we accept cash, checks, Visa, MasterCard, Discover, American Express, 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. Failure to arrange payment for your account will result in the referral to our collections agent or in the event of your failure to make good any returned check, your account will be turned over to the Montgomery County District Attorney's Office for collection.

I/we, the undersigned, give prior express consent to Carriage Hills Animal Hospital, its employees and agenst, to contact me/us at any/all phone numbers given, including cell phoen number, for the purpose of treatment and/or concerning payment.

I/we acknowledge that no guarantees have been made as to the effect of examinations or treatments. I/we, the undersigned, agree the fee(s) charged are a legal and lawful debt and I/we agree to pay said fees, including the cost of collection (33.33%), attorneys fees and court cost if such be necessary and waiving now and forever any right to claim exemption under the consitution and laws of Alabama, or any other state.

Responsible Party: _____ Date: _____

Spouse/Other responsible party: _____ Date: _____

OFFICE USE ONLY

Account # _____ Doctor _____ Check-in Receptionist _____