



3076 Highway 14,
Millbrook, AL 36054
(334) 285-4210
arkanimalvets.com

Thank you for giving us the opportunity to care for your pets. So that we may become better acquainted, please complete the following form. This form is consent for evaluation and treatment for the pet listed. The responsible party consents to treatment and payment for services rendered.

Client Information
Responsible Party/Owner

Date: _____

Name: _____ Spouse Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone (for text reminders) 1: _____ Cell Phone 2: _____

Email address (for reminders) : _____

Place of Employment: _____

Pet Information:

Name: _____ DOB: _____

Dog: ___ Breed: _____ Color: _____ Sex: _____ Spayed/Neutered yes no

Cat: ___ Long Hair: ___ Short Hair: ___ Color: _____ Sex: _____ Spayed/Neutered yes no

I, the undersigned, agree the fees charged are a legal and lawful debt and agree to pay said fees including th cost of collection (33.33%), attorney fees, and/or court costs if such be necessary. I waive now and forever my rights of exemption under the laws of the state of Alabama and any other state.

I, the undersigned, give explicit prior consent to the Ark Animal Hospital, its employer and agents to contact me at any/all phone numbers, including cell phone numbers, for the purpose of treatment and payment.

***All fees are due at the time services are rendered.**

*** We accept cash, check, Visa, Master Card, Discover, American Express and Care Credit.**

SIGNATURE: _____ DATE: _____

The following person(s) are authorized to bring this pet in for treatment or to pick up after treatment.

(Authorized person 1)

(Authorized person 2)

(Authorized person 3)

(Authorized person 4)