



## 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.

Responsible Party/Owner		Date:				
Name:	Spouse Name:					
Mailing Address: Previous Address:						
Home Phone:	_		ne:	-		
Cell Phone 1 (for text reminders): Email address (for reminders): Place of Employment: Drivers' License Number and Is						
PET INFORMATION						
Name:		Approximate Age/DOB:				
Dog Breed:	Color:	Sex:	Spayed/Neu	ıtered	Yes	No
Cat Long Hair: Short Hai	r: Color:	Sex:	Spayed/Neι	utered	Yes	No
I, the undersigned, agree the feest collection agency fees, (33.33%), a my rights of exemp  I, the undersigned, give explicit pri at any/all phone numbers, includ messages or emails, using any er artificial voice messages and /or	or consent to the lain graph of the lain or consent to the lain graph of the lain graph of the lain graph of the lain graph of the lain of	d /or court costs if such hows of the state of Alaban e Ark Animal Hospital, its umbers which could resu ovide. Methods of conta	ne necessary. I waive ma and any other so semployer and age alt in charges to me ct may include usin	ve now a tate. nts to co , by senc g pre-rec	nd fore entact r ding tex corded	me xt
	d, Discover, <i>I</i>	American Express	and CareCredit	<b>t.</b>		
SIGNATURE:		DATE:				
The following person(s) are au	ıthorized to bring	g this pet in for treatmer	nt or to puck up afte	er treatm	ient.	
(Authorized person 1)		(Authorized person 2)				
(Authorized person 3)		(Authorized person 4)				