

Welcome to Charlotte Animal Hospital

Date _____

Owner _____

Address _____

City _____ State _____ ZipCode _____

Home Phone _____ Work Phone _____

Cell Phone _____

Place of Employment _____

Spouse or Co-Owner _____ Cell Phone _____

Emergency Contact Name _____
Phone _____

If recommended, by whom? _____

Email Address _____

If paying by check, will need copy of Drivers License. _____

I hereby authorize the veterinarian to examine, prescribe for, or treat my pets. I assume responsibility for all charges incurred and understand that these charges will be paid at time of service and/or release. I also understand that a deposit may be required. If for some reason my check is returned for NSF, there is a **Return Check** fee of \$35.00 added to check amount. If some reason my account is sent to collection, there is a **Collection** fee of \$25.00 added to my bill.

Signature of Owner _____

Date _____