



AVONDALE ANIMAL HOSPITAL

Owner Name: _____

Spouse/Partner's Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Work Phone:** _____ **Partner's Phone** _____

Place of Employment: _____

E-Mail _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Please indicate choice of Payment:

- Cash/Check Visa/ MasterCard American Express Discover

How did you become aware of our Clinic?

- Drove By Yelp Pawms Pet Resort Facebook Google Other
 Greater Birmingham Humane Society Word of Mouth Next Door
Current Client Employee

Whom May we thank? _____

TERMS FOR ALL SERVICES ARE NET CASH UPON DISCHARGE. DEPOSIT REQUIRED ON ALL ANIMALS LEFT FOR HOSPITALIZATION. UNDERSIGNED AGREES TO PAY THE NORMAL CHARGES FOR THESE SERVICES AND AS TO CHARGES THEREFORE WAIVES RIGHTS OF EXEMPTION AND AGREES TO PAY COST OF COLLECTION, INCLUDING ATTORNEY FEES.

SIGNED: _____ **DATE:** _____

	<u>Pet # 1</u>	<u>Pet # 2</u>	<u>Pet # 3</u>
Name			
Breed			
Date of Birth			
Color			
Sex?			
Spayed or Neutered?			
<u>VACCINATION HISTORY- DOGS</u>			
Rabies			
DHLP Parvo Corona			
Bordetella			
Fecal/ Stool Sample			
Heartworm Test/ Prevention			
<u>VACCINATION HISTORY- CATS</u>			
Rabies			
Dist-Rhino Chlamydia			
Leukemia Test			
Leukocell			
Fecal/ Stool Sample			

Our Pet(s) is/ are: **Member of our family** **Child's pet**
 Backyard Pet

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____