



**JONES VETERINARY HOSPITAL**  
1118 SANFORD ROAD  
ANDALUSIA, AL 36420  
(334) 222-4713

## Welcome! New Client Registration

Owner's Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email address: \_\_\_\_\_

Spouse's/Other's Phone #: \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_

Employer's Name & Phone #: \_\_\_\_\_

In Case of EMERGENCY, Call \_\_\_\_\_ # \_\_\_\_\_

### How did you hear about us? (please let us know!)

Friend/Family/Neighbor  Who? So we can thank them! \_\_\_\_\_

Jones Veterinary Hospital Team Member?  Who? So we can thank them! \_\_\_\_\_

Google  Andalusia Animal Shelter  Andalusia Humane  Other Rescue  Which one? \_\_\_\_\_

Facebook  Community Event  Saw building/sign  Other  \_\_\_\_\_

Emergency Client Visit

We will gladly prepare a written estimate if you so desire. **Professional fees are due at time services are rendered.**

Preferred Method of Payment: ( ) Cash ( ) Check or debit card ( ) Credit Card

Name of Previous/Current Veterinarian: \_\_\_\_\_

**To help prevent the spread of infectious diseases, hospitalized and boarded pets must be current on all Vaccinations. DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccinations can be updated at the time of your appointment.**

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery to all pets I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I understand that a service fee of \$30.00 will be assessed for each non-sufficient fund check. I understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided during nighttime hours. If I neglect to pick up my pet within 10 days of the discharge date and do not notify you within that time period, you may assume that my pet is abandoned and are hereby authorized to dispose of the pet as you deem best and/or necessary. I understand and agree that I am responsible for, and will pay any and all debts I owe Jones Veterinary Hospital.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for allowing us to be your partner in your pet's health!**