



Memphis Animal Clinic
733 E. Parkway S.



AAHA CERTIFIED

CLIENT INFORMATION

DATE: _____
 OWNER'S NAME: _____ SPOUSE/OTHER: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 HOME #: _____ CELL #: _____ AVAILABLE FOR TEXTING: YES / NO
 EMPLOYERS NAME & ADDRESS: _____

 REFERRED BY: _____
 DRIVER'S LICENSE #: _____ S S #: _____
 EMERGENCY CONTACT: _____ PHONE #: _____
 EMAIL ADDRESS: _____

PATIENT INFORMATION

PET'S NAME: _____ DATE OF BIRTH: _____
 DOG CAT OTHER: _____ MALE FEMALE
 BREED: _____ COLOR/MARKINGS: _____
 NEUTERED SPAYED FERTILE DATE OF NEUTER/SPAY: _____
 PREVIOUS MEDICAL PROBLEMS: _____
 PRESENT MEDICATIONS: _____
 ALLERGIC TO: _____
 DATE OF LAST VACCINATIONS: _____ GIVEN BY: _____

Payment is expected as services are rendered. The following methods of payment are accepted: Cash, Check, MasterCard, and Visa. A \$25.00 service fee is assessed on all returned checks. A late charge is applied to all accounts unpaid after 30 days. Late charge is computed by a periodic rate of 1.50% per month, which is the annual percentage rate of 18.00%. Minimum charge is \$2.00. If completed payment is not made, and collection of any portion of fees must be referred to an attorney for collection, the Client/Agent (Undersigned) agrees to pay reasonable court costs and attorney fees.

METHOD OF PAYMENT:

CASH CHECK MASTERCARD VISA AMERICAN EXP.

Signature: _____ DATE: _____

I give permission to release copies or summaries, as required by state law, of the medical records pertaining to my pet.

I give permission to release photos of my pet for social media purposes for Memphis Animal Clinic

Signature: _____ DATE: _____