

WELCOME! Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please fill in this form completely.

Owner's Information					Date:
Name:			Spouse/Co-Owner:		
Address Street:			Email:		
City:		State:		Zip:	
Home #:	Cell:	Work:	Other cell:	Date of Birth:	
Place of Employment:			Drivers License ST: No:		

Please know that your DL # is stored in a password protected location - this original document will be destroyed.

Pet's Information		
Pet #1 Name:	Breed:	Date of Birth / Age:
Color/Description:		Sex: _____ Altered: Yes <input type="checkbox"/> No <input type="checkbox"/> Microchipped: Yes <input type="checkbox"/> No <input type="checkbox"/>
Services Desired: _____		
Vaccination History (Date and Type of Last Vaccination): _____		
Pet #2 Name:	Breed:	Date of Birth / Age:
Color/Description:		Sex: _____ Altered: Yes <input type="checkbox"/> No <input type="checkbox"/> Microchipped: Yes <input type="checkbox"/> No <input type="checkbox"/>
Services Desired: _____		
Vaccination History (Date and Type of Last Vaccination): _____		

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

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

Patton Chapel Team Member? Who? So we can thank them! _____

Google Yelp Shelby Humane Birmingham Humane Rescue Group Which one? _____

Facebook Community Event Saw building/sign Other _____

Thank you! The doctor will care for your pet as soon as possible.

I hereby authorize Patton Chapel Animal Clinic its agents or employees to perform the surgery and or other service needed on the above described animal and do hereby release and forever discharge Patton Chapel Animal Clinic, its representative agent or employees from all claims and demands whatever which I have or may have against Patton Chapel Animal Clinic its representative agent or employees by reason of said surgery administration of drugs or performance of other services any consequences resulting directly or indirectly there from. I further certify that I have ordered or have been authorized by the owner to order the above named service for the above described animal in any event I accept full financial responsibility for the payment for services ordered and rendered. I understand that any animal not called for within ten (10) days that the hospital shall designate for its release shall be considered abandoned by me and shall be disposed of at the discretion of the hospital. My financial responsibility shall not in any way be altered by such disposal and my indebtedness shall include all charges made against such animal up to and including the date of and charges for disposal of same. Should it become necessary to collect this account through an attorney the undersigned agrees to pay all costs of collector including reasonable attorney's fees.

Signature

Date

Ask about our Healthy Paws Club – receive free unlimited exams, vaccines and other benefits for you & your pet!