



P.O. Box 429
 2718 Martin Street South
 Cropwell, AL 35054
 205.884.4104
 www.pellcityvets.com

Your Name: _____ Spouse/Other _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell: _____

Drivers License #: _____ State of Issue: _____

Place of Employment: _____ Work #: _____

Email: _____

If a friend recommended you, who can we thank? _____

How did you find us? Yellow Pages Internet Our Sign Other _____

Pet's Name	Cat	Dog	Birth Date/Age	M/F/S/N	Breed	Color

Your Previous Veterinarian: _____

*I hereby authorize Pell City Animal Hospital to examine, prescribe for and treat the above described animal(s) admitted for hospitalization knowing that they shall receive the necessary diagnostic test and treatment to ensure proper medical care. I agree to pay for all services rendered including medications, goods and supplies when purchased. I understand that a deposit may be required for surgical or medical treatment. **ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** If special payment arrangements are made, client will be responsible for a 1.5% monthly finance charge on accounts over 30 days and any collection fees on accounts over 90 days.*

By my signature below, I hereby agree to all of the above and acknowledge the receipt of a copy of this agreement (upon request).

I give Pell City Animal Hospital permission to post pictures and relevant information of me and my pet on social media. Initial: _____

Signature of Owner/Agent: _____ Date: _____