

Village Pet Care PC

Date _____

Your Name _____ Spouse Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Spouse Cell _____ Email Address _____

	Pet #1	Pet #2	Pet #3
Name:			
Breed:			
Color:			
Age/Birthday:			
Male or Female?			
Spayed or Neutered?			
Previous Vet			
Medications			

How did you hear about us?

Facebook _____ Internet _____ Drive-By _____ Yellow Pages _____

Client Referral _____ If yes, by whom? _____ Other _____

I do hereby give my authorization and consent to Village Pet Care PC and for its associates to perform any and all operations which are deemed necessary by them for the welfare of any animal placed by me in their custody. I agree to hold the said village Pet Care PC Doctors and/or their associates harmless from any claim or loss arising out of this authorization. I direct that this be effective for the present and each subsequent admissions of any animal placed by me in their custody, such authorization to be terminated to Village Pet Care PC and/or their associates of written cancellation of this authorization.

In consideration of Village Pet Care PC and/or their associates performing the services in their judgement needed in caring for or attempting to cure the animal of their services requested to be performed upon the animal which is being entrusted into their care, I do hereby promise and agree to pay their normal and customary charges for performing said services. In the event it becomes necessary to refer to an attorney for collection, the charges of services represented by this authorization. I do hereby, expressly waive my exemption as to personal property under the laws and Constitution of the State of Alabama, the United States, or of any other jurisdiction or sovereign. I also agree to pay interest at the rate of 1.5% per month (18% per annum) and to pay a monthly billing fee of \$4.50 on any outstanding balance (any balance that is carried over a period of 30 days). I am requesting that veterinary care be provided for pets presented by me or my agents. I understand that I assume all financial responsibility and furthermore, I understand that payment is due at the time of services rendered.

Signature _____ Date _____