

CLIENT REGISTRATION FORM

Owner: _____ Date: _____
Street Address: _____ Best Daytime Phone: _____
Mailing address: _____ DL#: _____
City, State, Zip _____ DOB: _____
Employer: _____ Phone: _____
Your Occupation: _____ How long? _____
Co-Owner: _____ Co-Owner DL#: _____
Co-Owners Employer _____ Phone: _____
E-mail address: _____

Pet's Name: _____ Dog Cat Other: _____
Breed: _____ Color _____ Birth Date: _____
Sex: Male Female Neutered? Yes No Microchip #: _____



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Breed: _____ Color _____ Birth Date: _____
Sex: Male Female Neutered? Yes No Microchip #: _____

Do you grant us permission to share your pets' photos to our social media (i.e. facebook, twitter and website)? **Yes No**

How did you choose us for your veterinary care (check all that applies)?

Telephone book Facebook Our Sign Chamber of Commerce
 Recommended by a friend* Care Credit Internet Search Other _____
*We would like to thank them! Please provide their name: _____

Help us help you by indicating the level of service you would like for your pet:

1. Please use your discretion in providing health care (e.g., dental care, medicated baths if needed, etc.). I will be responsible for all fees.
 2. Please ask before providing any services other than those specifically requested.

In order to allow us to spend our time caring for our patients, we require payment at time of service. Please indicate your payment preference:

Cash Check Credit Card Debit Card Care Credit

I cannot pay for services today.

If you have been dissatisfied at another vet hospital, please tell us why so we can keep you happy! _____

Signature of person presenting this pet: _____

If you are not the owner, please indicate your relationship to the owner:



ADMISSION INFORMED CONSENT

OWNER: _____ PET: _____

I, being responsible for the above-named pet, have the authority to grant my consent to provide veterinary services for said pet. I understand that you will use all reasonable precautions against injury or harm to my pet, but you will not be held liable or responsible for circumstances beyond your control, as I assume all risks.

I understand that if my pet is not current on vaccinations for contagious diseases (distemper/parvo/ & kennel cough for dogs; distemper/upper respiratory viruses for cats), and Rabies, that the appropriate vaccinations will be administered upon hospitalization and the normal fees will be added to my charges. This is for the protection of my own pet as well as others in the hospital. **If fleas are present on my pet, he or she will be treated at the normal fee for this service.**

I acknowledge that risks and possibilities of complications exist in any surgical or medical treatment, and that no guarantee can be made as to results or cure. I consent to the administration of such anesthesia as may be deemed proper by the doctor. Should an unknown condition exist that requires the use of life-saving drugs or procedures (i.e., CPR, oxygen, etc.), I consent to their use and agree to pay for administration.

I understand that I may ask for & will receive estimates on fees at any time. I understand that complicated medical conditions may require tests and procedures that are difficult to foresee, and that I may request and be provided with updates daily.

I understand that all charges must be paid in full before my pet is released from the hospital, and that no employee can release my pet after hospital business hours.

After carefully reviewing the above, I have signed in agreement:

Date: _____ Signed: _____

MW.AdmissionInfCon.02.15

Animal Medical Center
1510 N. Broad Street
Cairo, Ga 39828
(229)377-2060 www.amcpetvet.com

