



Client Information

Owner Information:

Name: _____ Spouse/Other: _____

Street Address: _____

City, State: _____ Zip Code: _____ County: _____

Primary Phone Number: _____ Home / Cell / Work

Spouse/Other Number: _____ Home / Cell / Work

Email: _____

Pet Information:

Pet's Name: _____ Dog / Cat / Other _____

Breed: _____ Color: _____ Age/Birthday: _____

Male / Neutered Female / Spayed

Name of Previous Animal Hospital: _____

Animal Hospital Phone Number: _____

Our Pet is: Member of the Family Child's Pet Backyard Pet

How did you hear about us? Internet / Hospital Sign / Previous Client / Personal Reference

Whom may we thank? _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Please indicate your choice of payment methods:

Cash Credit Card (Visa / Mastercard / Amex / Discover / Care Credit)

I (We), the undersigned, hereby agree to pay all amounts and charges here after incurred by members of my family for services rendered by this hospital. Failures to make payments in full at the time of those services are performed, or when requested, is basis for legal action. The undersigned agrees to pay all cost of collection including a reasonable fee, and hereby waive their rights of exemption under the law of the state of Georgia and any other state.

Signature: _____

Date: ____/____/____

Thank you for giving Coal Mountain Animal Hospital the opportunity to care for your pets.