MUNFORD ANIMAL HOSPITAL, LLC
WELCOME TO OUR PRACTICE!!

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share some important information we will need as we support your pet's needs today and in the future. PLEASE PRINT IN ALL SPACES. **Payment is due when services are rendered.**

***Date:*_____**

REASON FOR VISIT TODAY:_____

****

Pet's Name:_____ **Arrival Time:**_____ **Appt Time:**_____
Owners Name: _____
(MUST BE 18 OR OLDER)
Phone number where you can be reached today should it be necessary to leave your pet with us: _____

Name of person bringing in pet if different from above:_____
If you are not the owner of this pet, we will be required to contact the owner for authorization to treat.

(The following information will be kept confidential and will only be used for our office purposes)
E-Mail Address:_____

Mailing Address:_____

Home Phone:_____ **Work Number:**_____
Cell Phone:_____ **Spouse Work Phone:** _____
Spouse/Other Cell: _____ **Spouse/Other Work:**_____

DRIVERS LICENSE #: _____ **State:**_____
** IF WRITING A CHECK, DRIVERS LICENSE INFORMATION MUST MATCH INFORMATION ON THE CHECK

Method of Payment Today: CASH CHECK VISA/MC CREDIT
VISA/MC DEBIT DISCOVER CARE CREDIT

(NO CHARGE ACCOUNTS)

I hereby authorize the veterinarians at Munford Animal Hospital, LLC to examine, prescribe for, and treat the above described pet(s). Any animal admitted or hospitalized shall receive the necessary diagnostic tests and treatment to ensure proper medical care. I agree to pay for all services rendered and 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**. PLEASE NOTE THAT YOU MAY BE CHARGEDAN EXAM FEE FOR YOUR VISIT TODAY. (NO CHARGE ACCOUNTS)

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

Signature of Owner or Agent:_____

Date: _____

11/2015