



Coal Mountain Animal Hospital

Client Information

Name: _____ Spouse/Other: _____

Address: _____

_____ County: _____

Primary Phone Number: _____ Home / Cell / Work

Spouse/Other Primary Number: _____ Cell / Work

Email: _____

Pet information

Pet's Name: _____ Dog / Cat Breed _____ Age/Birthday _____

Color _____

Female / Male / Spayed / Neutered Name of last Animal Hospital _____

Animal Hospital Phone Number _____

Our pet is: ___ Member of the family ___ Child's Pet ___ Backyard Pet

How did you become aware of our hospital? Internet / Hospital Sign / Previous Client / Personal Referral
(Whom may we thank?) _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

Please indicate 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 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.