

Welcome to Family Pet Health Care. Please take a minute to completely fill out the following information. We look forward to caring for your special pet.

We accept cash, Care Credit and all major credit cards.

Date_____

Owners' Name_____ Spouse/Other_____

Address_____ City_____ State_____ Zip_____

Home Telephone_____ Work Telephone_____

Cellular Telephone_____ e-mail address_____

Place of Employment_____

Driver's License number_____ State_____

In case of Emergency please call_____ at_____

Pet's Name_____ Age_____ Date of Birth_____

DOG CAT OTHER MALE FEMALE ALTERED Yes No

Breed_____ Color_____

Is your dog on Heartworm Prevention? Yes No

Has your cat been tested for Leukemia and FIV? Yes No

Is your pet Microchipped? Yes No

Is your pet current on Vaccinations? Yes No

Reason for visit_____

How did you first hear of us- Friend or individual we may thank_____

List the names and ages of any other animals that you own_____

I assume the responsibility for all charges incurred in the care and treatment of my animal(s). I also understand that these charges will be paid at the time of release and a deposit may be required for treatment. In the event any account is not paid when due, the prevailing party shall be entitled to recover its reasonable attorney fees and any court costs, including costs of appeal or other review. In the event that your account is placed for collection with a collection agency, you agree to pay any collection fees that may be assessed in addition to the amounts owing.

Signature of owner or responsible party_____

(SEE BACK)

Photo Release Form

Family Pet Health Care
3623 Indian Hills Rd Decatur, Al. 35603

Permission to Use Photograph

I grant to Family Pet Health Care, its representatives and employees the right to take photographs of me, my pet(s) and my property in connection with the above identified subject. I authorize Family Pet Health Care, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Family Pet Health Care may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Printed name _____

Signature _____

Date ____/____/____

If you decline having your pets pictures taken please initial below.
