



Albemarle Animal Hospital

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

OWNER'S NAME _____ SPOUSE/OTHER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CAN ANYONE ELSE PICK UP YOUR PET? YES NO WHO _____

HOME PHONE _____ MOBILE PHONE _____

EMPLOYER _____ WORK PHONE _____

SPOUSE/OTHER EMPLOYER _____ WORK PHONE _____

ALTERNATE EMERGENCY CONTACT? _____ PHONE # _____

EMAIL ADDRESS _____

We will gladly prepare a written estimate if you desire. This will be important to you **since ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** In cases of extensive medical or surgical procedures, when full payment may be difficult at discharge, we accept Master Card, Visa, Debit, or you can establish a payment arrangement if approved through Care Credit. There will be a \$25.00 service charge for all returned checks.

To prevent the spread of infections diseases, all hospitalized and boarded patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventive care and the appropriate charges will be assessed in the discharge invoice.

Signature of Responsible Agent for Pets _____ **Date** _____

Are you presently an active duty service member? Yes No

If no, under what name would we search on the Servicemembers Civil Relief Act Website? _____

PLEASE LIST ALL OF YOUR PETS, INCLUDING THOSE WITH YOU TODAY AND AT HOME

CAT	DOG	OTHER	PET'S NAME	DOB	SEX	BREED/ DESCRIPTION