

Client/Patient Information

Golden Animal Hospital

**7131 Eastchase Pkwy Mont., AL 36117
(334)272-6822**

**6353 Atlanta Hwy Mont., AL 36117
(334)279-7387**

Date: _____

Owner's Name: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Work Phone: _____ Cell Phone: _____

To establish an account you must be a legal adult 19 or older: DOB: _____ Drivers' License #: _____

Email Address: _____

Spouse: _____ Spouse's Employer: _____

Work Phone: _____ Cell Phone: _____ Driver's License #: _____

TO AIDE IN THE PREVENTION OF IDENTITY THEFT, WE NEED A PHOTOCOPY OF A VALID PHOTO ID. WE WANT TO HELP STOP IDENTITY THEFT BY MAKING SURE THE PERSON WHO SIGNS AND AUTHORIZES SERVICES WITH US IS, IN FACT, THE ONE WHO SIGNS THE PAPERWORK. A PHOTOCOPY WILL BE REQUIRED OF THE CLIENT'S ID AND ANY INDIVIDUALS WHO ARE AUTHORIZED TO PICK UP, DROP OFF, AND/OR MAKE MEDICAL DECISIONS FOR THE PET.

If you have any additional person(s) that you will allow to bring in, pick up or make medical decisions for your pet(s) on your behalf please list them below with a contact number.

If you have anyone that is NOT authorized to pick up and/or make any medical decisions regarding your pet(s) please list them below.

OUR ACCOUNTING SYSTEM IS NOT SET UP TO BILL OUR CLIENTS. PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. BY SIGNING BELOW, I AM STATING THE ABOVE INFORMATION IS TRUTHFUL AND CORRECT. SHOULD IT BECOME NECESSARY TO FORWARD THE ACCOUNT FOR COLLECTION, I AGREE TO BE RESPONSIBLE FOR ANY/ALL COLLECTION COSTS, SERVICE FEES, ATTORNEY FEES, AND/OR COURT COSTS WHICH WILL INCLUDE A 33% COLLECTION FEE. I WAIVE NOW AND FOREVER MY RIGHT OF EXEMPTION UNDER THE LAWS OF THE CONSTITUTION OF THE STATE OF ALABAMA AND ANY OTHER STATE.

Any unpaid balance will be subject to a service charge of 1.5% per month, (18% APR). Late charges and additional service charges may also be added under certain conditions.

How did you become aware of our hospital?

Yellow Pages Hospital Sign Petland Other _____

Friend: _____

Please list name

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED, GROOMING AND BOARDING ANIMALS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES. I AUTHORIZE THE DOCTOR TO PROVIDE VACCINES AND PARASITE CONTROL AS NEEDED FOR MY PET.

We will gladly prepare a written estimate if you desire. Please ask one of our staff members.

_____ Please initial here if you give permission to allow us to publish photographs of your pet(s) on the internet via our webpage or any social media.

Comments:

Signature of Owner

Date

Secondary Signature

Date

PATIENT'S INFORMATION AND MEDICAL HISTORY

Please fill out this application to the best of your knowledge.

PET'S INFORMATION	Pet #1	Pet #2	Pet #3
Pet's Name			
Species (Cat, Dog, Other)			
Breed			
Description (Color & Markings)			
Date of Birth			
Age (Years)			
Sex			
Length of Time Owned			
Neutered/Spayed			
VACCINATIONS			
Name & Phone Number of Former Clinic			
Date of DHPP (distemper/parvo)			
Date of Bordetella (dog)			
Date of Rabies (dog/cat)			
Date of Heartworm Test			
Name of Heartworm Prevention			
Date of FVRCP (infections disease – cat)			
Date of Feline Leukemia			
Date of fecal exam (dog/cat)			
Medical conditions we need to be aware of.			