



211 Old Blackstone Camp Rd.  
 Martinez, GA 30907  
 706-650-1839  
 "Because We Care"

## CLIENT INFORMATION FORM

Thank you for giving us the opportunity to care for your pet(s). Please help us meet your needs better by taking a moment to share some important information with us. **PLEASE PRINT IN ALL SPACES AND SIGN AT BOTTOM.**

Owner's Name \_\_\_\_\_ Spouse/Other \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Telephone (\_\_\_\_) \_\_\_\_\_

Driver License # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_

Spouse/Other Employer \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_

Spouse Cell Phone # \_\_\_\_\_

Email Address for Reminders and Pet Portal \_\_\_\_\_

**Why did you select us today? (If recommended by someone, please give us their name so we can thank them):**

\_\_\_\_\_

Do you give us permission to post your pets picture and/or video on social media?  Yes  No

### PET INFORMATION

Pet's Name	Cat/Dog/Other	Breed	Color	Birthday (Age)	Sex	Spayed/Neutered (Y/N)	Last Vaccination/ Dates

**EMERGENCY TELEPHONE # (\_\_\_\_) \_\_\_\_\_**

*If you would like us to get copies of records from a previous Veterinarian (if any) please give us their name and phone number:*

\_\_\_\_\_

### **Terms and Conditions**

- Payment is due at the time services are rendered. We accept Care Credit, cash, check, American Express, Discover, Mastercard, and Visa. A \$25 fee will be processed with any returned check. Any unpaid balances will be turned over to collections after 4 months. A monthly service charge will be added to any unpaid balances.
- An estimate can be given at any time if you are concerned about charges. Please ask a Care More Animal Hospital employee if you would like one.
- To prevent the spread of infectious diseases, all hospitalized patients, as well as pets in for boarding or grooming, must be current on vaccinations and free from internal and external parasites. The signature below authorizes this preventative care and the appropriate charges will be assessed in the discharge notice.

SIGNATURE OF RESPONSIBLE AGENT FOR PET(S) \_\_\_\_\_

DATE \_\_\_\_\_