



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

## WELCOME TO CARE MORE ANIMAL HOSPITAL

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):**

\_\_\_\_\_

### 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:*

\_\_\_\_\_

**ALL FEES ARE DUE AT THE TIME SERVICE IS RENDERED.**

WE WILL GLADLY PREPARE A WRITTEN ESTIMATE IF YOU DESIRE. (PLEASE ASK THE RECEPTIONIST PRIOR TO SERVICES BEING PERFORMED.)

HOW WILL YOU BE PAYING: CASH \_\_\_\_\_ CHECK \_\_\_\_\_ CHARGE CARD \_\_\_\_\_  
 WE ACCEPT MASTER CARD, VISA, AMERICAN EXPRESS, AND DISCOVER. THERE WILL BE A \$25 FEE FOR ANY CHECK RETURNED UNPAID.

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 INVOICE.

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

DATE \_\_\_\_\_