



SNOWDOWN VETERINARY HOSPITAL
Patient/Client Information

Owner: _____
Last Name First Name Middle Initial

Spouse: _____
Last Name First Name Middle Initial

Address: _____
Street City State Zip

Home phone () _____ Work () _____

May we call you at work? Yes or No (Circle one)

Cell () _____ Email: _____

Spouse's Cell () _____ Spouse's Work () _____

Place of Employment _____ Address _____

Spouse's Place of Employment _____ Address _____

Who may we thank for sending you to see us? _____

Pet Information

Name: _____ **Breed:** _____

Date of Birth or Age: _____ **Color:** _____

Female Male Spayed Female Neutered Male (circle one)

ID Chip Number _____

I, the undersigned hereby agree to pay Snowdown Veterinary Hospital, LLC all amounts and charges hereafter incurred by myself and members of my family for materials furnished and services rendered by Snowdown Veterinary Hospital, LLC. The amount as shown on the books and records of Snowdown Veterinary Hospital, LLC shall be due on demand and upon default, I agree to pay costs of collection, including attorney's fees and court cost I waive all rights of exemption as to personal property under the laws of Alabama or any other state.

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Date: _____ **Signature:** _____

Driver's License Number: _____ **Date of Birth:** _____

For the protection of your pet and the others in our care, we require that all animals hospitalized be current on pertinent immunizations and free of external and internal parasites. We will continue to prevent exposure to disease in our hospitalized pets to the fullest and thank you in advance for your cooperation.

For the health of all animals under our care, if we encounter fleas during your pet's physical examination, we administer a CAPSTAR tablet to your pet to keep our clinic a flea-free environment at an additional cost.