



**GARDENDALE PET CLINIC**

***Welcome to our Clinic!!!!***

**Client Information**

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Driver's License number: \_\_\_\_\_ Birthdate: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Work Number: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

**Pet Information**

Name of Pet \_\_\_\_\_ Please Circle: (Dog) or (Cat)

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Age/Birthday: \_\_\_\_\_ Vaccinations: \_\_\_\_\_

***Please Circle: (Male) or (Female) Spayed or Neutered: (Yes) or (No) Microchip: (Yes) or (No)***

*I undersigned, agree that I am obligated to pay in full to Gardendale Pet Clinic the charges for services at the time services are rendered to the patient(s). Should the account be referred to an attorney or collection agency, I agree to pay the entire attorney's fees and collection expenses.*

***I intend to pay for today's visit with: (Please Circle)*** Cash, Check, Visa, MasterCard,  
American Express, and Discover

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

