



Thank you for giving us the opportunity to care for your pet(s). In order that we may become better acquainted, please complete the following.

All fees are due at the time services are rendered. We will gladly give you a written treatment plan prior to treatment. There will be a \$30.00 service charge on all returned checks.

Date: _____

Name: _____

Spouse/other: _____

Address: _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

Spouses Cell Phone: _____

How were you referred to us? _____

Preferred contact method: Phone _____

Email _____

Other _____

By providing your email address you will periodically be sent reminders and newsletters.

I give Avery Creek Pet Hospital permission to use my pet(s) photograph on any social media outlet

Please list each pet for which you are responsible.

	PET #1	PET #2	PET #3	PET #4
NAME				
SPECIES				
BREED				
COLOR				
SEX				
SPAY/NEUTER				
D.O.B/APPROX AGE				