



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 |        |        |        |        |