



North Cobb

ANIMAL HOSPITAL

WELCOME TO OUR PRACTICE!

Client # _____

Thank you for giving us the opportunity to care for your pet(s). Please help us to meet your needs better by taking a moment to share some important information that we will need as we support your pet's health today and in the future.
(PLEASE PRINT IN ALL SPACES PROVIDED).

Your Name _____ Spouse/Other _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Email _____

Cell Phone _____ Emergency Contact _____

Employer _____ Work Phone _____

Spouse Employer _____ Work Phone _____

It is best to reach me at _____ (time) at this phone number _____

If we need to talk to you about your pet who should we ask for? _____

Pet's Name	Dog	Cat	Other	DOB	Sex	Altered?	Breed/Color

To prevent the spread of infectious diseases, hospitalized/boarded/groomed patients must be current on all vaccines and free from internal and external parasites; otherwise vaccines will be given, and an intestinal parasite check will be performed, at your cost. I also understand that a copy of my current Georgia driver's license must be kept on file for identification purposes. I hereby agree to the above terms set forth by the North Cobb Animal Hospital for the care of my pet(s).

We will gladly prepare a written estimate for you upon your request. This is very important to you as ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. Acceptable forms of payment are: Visa, MasterCard, American Express, Discover, cash, and personal or business check (for the full amount bearing today's date, no third party check). There is a \$38.00 service fee for all returned checks.

Carefully read and sign below:

I understand all services are to be paid at the time services are rendered. I also understand NCAH does NOT have a payment plan. All unresolved accounts will be sent to collections. All accounts that are turned over to a collections agency will incur a minimum of 30% in additional fees. I also will be held responsible for all collections fees incurred, including court costs, attorney fees and any additional costs NCAH has to cover.

Signature of person responsible for pet(s) _____ Date _____

Who should we thank for this referral? Online _____
Billboard _____
Coupon _____
Client Name: _____
Other _____
Brightside _____