

Welcome

Thank you for bringing your pet to Athens Small Animal Hospital. We are a full-service hospital with veterinarians on staff to meet your pet's needs. We believe in quality, compassionate care for your pets. We strive to give you and your pets the best care available and make every visit as pleasant as possible.



Owner Information

Name: _____

State D/L: _____

Spouse/Other: _____

Address: _____ City/State/Zip Code: _____

Phone Number: _____ Email Address: _____

Employer: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

How did you hear about us? _____

Pet Information

Pet's Name: _____ Dog/Rabbit/Pocket Pet/Other: _____

Breed: _____ Age/DOB: _____ Color: _____

Male: _____ Neutered/Male: _____ Female: _____ Spayed/Female: _____

Vaccination History (Date of last vaccinations): _____

Pet's Current Medications: _____

Describe Your Pet's Diet: _____

Credit Policy and Authorization

- Payment is required in full at time of service.
- Our office accepts Visa, Discover, Mastercard, and American Express. We also accept care credit. We **do not** accept personal checks.

I hereby authorize the veterinarian to examine, prescribe, or treat the above-described pet. I assume responsibility for all charges incurred in the case of the animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment. In the event that this account is turned over for collection action, I agree to pay the cost of collection and reasonable attorney fees. I have read and fully understand the above policy and agree to the terms stated.

Signature: _____ Date: _____