



3422 Hardy Street
Hattiesburg, MS 39402
601-264-5785



1111 Evelyn Gandy
Parkway Petal, MS 39465
601-584-8441

You must be 18 years of age or older to complete this form

Client Information

Date: _____

Client First Name: _____ Last Name _____

Spouse First Name: _____ Last Name _____

Alternate Name on Account: _____ I approve Amc to speak about my pets to the individual listed.

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone Numbers: Cell: _____ Work: _____ Home: _____

Place of Employment: _____

Social Security Number: _____

We email appointment reminders and vaccination notices for your pets, please provide your email address: we do not share your email address with anyone. We also have an Online store where your food and medications can be delivered straight to your door.

Email: _____

How did you become aware of our hospital?

Yellow Pages: _____ Hospital Sign: _____ Website: _____ Local Vet.com _____

I have been here before: _____ Friend (whom may we thank?): _____

Google: _____ Newspaper: _____ USM Booklet: _____ Billboard: _____

Facebook: _____ Radio: _____ Other: _____

Are we going to be your regular veterinarian?(If yes, we will send you notices about your pet's reminders being due)

YES NO: Here for Emergency Boarding Only 2nd Opinion Referred by another Veterinarian

My regular veterinarian is: _____

Payment Policy: Full Payment is required at the time of service. Full payment is required on major medical/surgical cases, trauma cases and hospitalization. We do offer Wells Fargo Health Advantage, Care Credit and Advantage Financial as methods of making payments: please ask about this before services are provided. You can also apply at our website animal-er.com or petanimalclinic.com We do not carry open accounts: please choose your method of payment below:

Cash: _____ Check: _____ Debit: _____ Visa/MC/Disc/Amex: _____ Care Credit: _____ Wells Fargo: _____

Local Checks (no out of state) will be accepted as long as we have a photo copy of your Driver's License and Social Security number on file. Please provide your license at the front desk. This hospital works in conjunction with the state's County Attorney's Office in reporting all bad check writers. NSF Fee: \$40.00

I agree to pay any cost including but not limited to: attorney fees, court costs, and a collection fee (25%) necessary for the collection of any amount not paid when due.

Signature: _____ Print: _____

Spouse Signature: _____ Print: _____

Photo Release : I give Animal Medical Center/Petal Animal Clinic , its representatives and employees the right to take photographs of me and/or my pet, and to use and publish the same in print and/or electronically. I agree that such photos may be used for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, web content, and social media content, including but not limited to Instagram, Facebook, and Twitter.

Signature Approving : _____ Signature Declining Approval: _____

Thank you for choosing our hospital for your pet needs. We do offer extended evening and weekend hours, boarding, day care, and grooming. Our website is www.animal-er.com contains a lot of information about our hospital. You can make requests for appointments, boarding, refills and email us questions.

****** We will need a copy of your Photo ID / License**