



Account Number: _____

Date: _____

Contact Information

Full Name: _____

Last Name: _____

Spouse or Significant Other: _____

Address: _____

City: _____

State: ____ Zip: _____

Home Phone: _____

Primary Contact Cell: _____

Spouse Cell: _____

E-mail: _____

If writing a check: Driver's License: _____

If using card on file: Social Security Number: _____

Employer: _____

Pets

In case of Emergency

Please call (someone other than the owner(s)): _____

Phone: _____

How would you like to be reminded of Future due dates and appointments? Please select one:

() Phone Call () Email* () Text Message () Mail

*By providing us with an e-mail address, you may receive at least one e-mail a month from our online store.

Signature _____

Date _____

✓ Animal(s) must be current on vaccinations for All Services. It is my responsibility to provide proof PRIOR to services. Canine requirements: DAP (doctor's discretion), Bordetella & Rabies Vaccinations, and current Fecal exam. Feline requirements: FHRCP (doctor's discretion) and Rabies vaccinations, and either a current Fecal or dewormer. All animals requiring vaccines need a physical exam to ensure that they are healthy PRIOR to vaccination.

✓ Pets must be free of parasites such as Intestinal Worms, Fleas, and Ticks. Pets will be examined and treated at owner's expense at the veterinarian's discretion.

✓ The Animal Hospital of Signal Mountain shall exercise all reasonable care to prevent the spread of contagious diseases to or among the hospitalized animals, it must recognize that such spread occasionally occurs. The Hospital cannot guarantee against the spread of contagious disease, and shall not be responsible or liable for any such spread.

✓ Should an emergency arise and I or my designated agent is unreachable, I authorize the medical staff to perform such emergency procedures as may be necessary for the health of my pet.

✓ The hospital is to use all reasonable precaution against injury, escape, or death of animal(s). The hospital and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with animal (s) will be treated as noted above and I assume full responsibility for the treatment expense incurred.

✓ I will call if my "pick-up" date changes so you can plan accordingly. If I neglect to pick up my pet within 7 days of the date scheduled for discharge, and do not notify you within that time period, you may assume that my animal is abandoned and are hereby authorized to relinquish pet to the Humane Educational Society.

✓ I will not hold the hospital responsible for the loss or damage to personal items left with my pet including leashes, collars, toys, bowls, carriers, and bedding.

✓ I certify that I have read and understand this authorization and that I am the owner or am responsible for the animal and I hereby indemnify and hold Animal Hospital of Signal Mountain, the doctors and staff harmless from and against any and all liability arising out of the performance of treatments or procedures. I realize that in many cases it is impossible to determine in advance the full extent of medical or surgical treatment that may be required. I accept full responsibility for the fees generated by such services and realize that they are due and payable at the time that the animal(s) is/are released from the hospital. Any exception to this policy must be authorized prior to the performance of any services.

✓ Payment is expected at time of service. We accept Cash, Checks, MasterCard, Visa, Discover, & American Express cards for your convenience. We also accept Care Credit. In such cases of accounts requiring legal actions, owners agree to pay collection costs and reasonable attorney's fees.

Signature _____

Date _____

