



WELCOME

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form **completely**. Thank You!

Date: _____

Name: _____ SS# _____

Spouse: _____ SS# _____

Mailing Address: _____ City _____ State _____ Zip _____

Physical Address: _____ County: _____

Home Phone: _____ Cell/Alternate Phone: _____

Email Address (if applicable): _____

Place of Employment: _____ Work Phone: _____

Address: _____

How did you learn of our clinic? Yellow Pages Recommendation _____

Sign Other (Explain) _____

If by Yellow Pages, please specify... Southern Directory (little yellow book)

Alltel (little green book) Hart Phonebook (big book)

At what time _____ and what phone number _____ is it best to call about your pet?

Number of Pets: Dogs _____ Cats _____ Other _____

Is there anything that you want us to know about your pet(s)?

Previous Veterinarian: _____ Reason for Changing _____

I assume responsibility for all charges incurred in the care of this 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.

Signature of Owner or Responsible Party: _____

Please check method of payment: Cash Check Credit Card

If you pay by credit card or check, please complete the following.

Credit Card (Company) _____ Acct# _____ Exp date: _____

Driver's License Number: _____ State: _____

Ask us about AFTER HOURS ASSURANCE

Please turn over & complete reverse side also

Photo and Information Release:

I grant permission to Tugaloo Animal Hospital, P. C. full permission to use any and all images taken of me or of my pets for the sole use of education, advertising, and promotion. This includes but is not limited to photographic prints and products, cds, dvds, Facebook page, Twitter, You Tube videos, and other social media sites, website blogs, and website display. I certify that I am eighteen (18) years of age or older. I understand that a parent of guardian must complete this form when granting a photo release involving a minor child(ren).

Signature: _____ Date: _____