

Welcome to Charlotte Animal Hospital

Date: _____

Owner: _____

Address: _____ Apt/Unit # _____

City: _____ State: _____ Zip Code: _____

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

Place of Employment: _____

Spouse or Co-Owner: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Email Address: _____

If paying by check we will need a copy of your Driver's License: ☐

WHO WERE YOU REFERRED BY? (Please indicate below)

Client Referral <input type="checkbox"/> Name of Client: _____			
Sign <input type="checkbox"/>	Google <input type="checkbox"/>	Facebook <input type="checkbox"/>	Yelp <input type="checkbox"/>
Other Veterinary Clinic <input type="checkbox"/>		AWL (Animal Welfare League) <input type="checkbox"/>	
VEC (Veterinary Emergency Clinic) <input type="checkbox"/>		SW K9 (Southwest K-9 Academy) <input type="checkbox"/>	
Staff Member <input type="checkbox"/>	Animal Control <input type="checkbox"/>	Other <input type="checkbox"/>	

I hereby authorize the veterinarian to obtain medical records, examine, prescribe for, or treat my pets. I assume responsibility for all charges incurred and understand that these charges will be paid at time of service and/or release. I also understand that a deposit may be required.

If for some reason my check is returned for NSF (insufficient funds), there is a RETURN CHECK FEE of \$37.05 added to the check amount. If some reason my account is sent to collections, there is a COLLECTION FEE OF \$26.39 added to my bill.

Signature of Owner: _____ Date: _____