



rankin animal clinic

Client Information

PLEASE PRINT

Last Name First Name MI Spouse/Other Name

Address City, State ZIP

Primary Contact Phone Cell Phone Spouse/Other Cell

e-mail address:

Employer Work Phone Spouse/Other Employer Work Phone

Driver's License No. State DOB SSN

Please tell us how you heard of our Clinic! (circle one)

Clinic Sign Emergency Service Friend Other Clinic Website

If a friend or other clinic told you about us, whom may we thank?

In order for Rankin Animal Clinic to be able to provide the best possible care for all of our patients, payment is required when services are rendered. Deposits may be required for pets being admitted. Preferred method of payment:

Cash Check Credit/Debit Card Care Credit

I authorize Rankin Animal Clinic to provide examinations and treatments as deemed necessary. I understand that:

- I am responsible to pay for all fees as rendered at the time of service.
I agree to pay any collection fees, court costs and reasonable attorney's fees incurred by Rankin Animal Clinic in enforcing this contract.
It is a crime to write a bad check and that Rankin Animal Clinic utilizes the services of the Worthless Check Unit of the Baldwin County District Attorney's Office.

Signature of Responsible Party Print Name Date

Pet Information

Last Name: _____

Please write Patient Information in columns

	Pet #1	Pet #2	Pet #3
Pet's Name			
Cat or Dog			
Breed <small>(if cat – long or short hair)</small>			
Color/Description			
Date of Birth or Age <small>(month/yr you use as their birthday)</small>			
Female or Male			
Spayed (F) or Neutered (M)?	Yes no	Yes no	Yes no
Name of Previous Clinic -Vet			
Date of last visit to that clinic			
Vaccinations – date given			
Microchip Number			
Brand of Heartworm Preventative			
Brand of Flea Preventative			
Current type and brand of food			
Medical Conditions			
Prior Illness/ Accidents/Surgery			
Current Medications			
Date of Last Dental Cleaning			
If a cat, does it go outdoors?			

Please list any concerns: _____
