



rankin animal clinic

**Client Information**

**PLEASE PRINT**

\_\_\_\_\_  
Last Name                      First Name                      MI                      Spouse/Other Name

\_\_\_\_\_  
Address    City, State    ZIP

\_\_\_\_\_  
Home 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*

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:

**\*Please initial by each statement\***

- **X** [ ] am responsible to pay for all fees as rendered at the time of service.
- **X** [ ] Interest will be charged on any unpaid balance at a rate of 1 ½% per month.
- **X** [ ] agree to pay any collection fees at a rate of 33%, court costs and reasonable attorney's fees incurred by Rankin Animal Clinic in enforcing this contract.
- **X** [ ] understand that 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**

**Which Doctor do you wish to see?    Dr. Rankin \_\_\_\_\_ Dr. Zimlich \_\_\_\_\_**

**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: \_\_\_\_\_

\_\_\_\_\_