



# Moore's Mill Animal Hospital

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## NEW CLIENT FORM

Account No. \_\_\_\_\_

Client's Full Name \_\_\_\_\_

Address \_\_\_\_\_ Lot/Apt No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

CELL: \_\_\_\_\_ HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**\*If you plan to write a check you must provide your SSN\***

**\*If submitting this form via e-mail, please do not enter SSN due to security\***

Spouse's or Co-Owner's Full Name: \_\_\_\_\_

CELL: \_\_\_\_\_ HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

If you are a student, or under 18, please provide:

Guardian's Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Lot/Apt No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

CELL: \_\_\_\_\_ HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

### PET INFORMATION:

Patient's Name:	Sex:	Spayed/Neutered:	Breed:	Color:	DOB:

**\*PLEASE READ AND SIGN THE BACK SIDE OF THIS FORM\***

To prevent the spread of infectious diseases, all hospitalized, boarding, or dropped off pets **MUST** be current on **ALL** vaccinations. The signature below authorizes this level of preventative care and appropriate charges will be assessed.

We will gladly prepare a written estimate upon request from the doctor. This will be important to you since **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED**. We gladly accept cash, check, MasterCard, Visa, American Express, and Discover cards. There is a maximum service charge of \$30 for any returned checks. Any account with an outstanding balance are subject to a minimum billing charge of \$3.00 or a finance charge of 1.5% per month equivalent to an annual percentage rate of 18%. We will require a promissory note upon initiation of payment plan.

I, the undersigned, accept the fee charged as a legal and lawful debt and agree to pay said fee, including any/all cost of collection (33.33%), attorney fees, and/or court costs, if such be necessary. I waive now and forever my right of exemption under the laws of the Constitution of the State of Alabama and any other State.

I, the undersigned, agree that for us to service your account or to collect money you may owe, Moores Mill Animal Hospital and/or our agents may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide to use. Methods of contact may include using pre-recorded/artificial voice messages and/or use of automatic dialing devices s applicable. I/we have read this disclosure and agree that Moores Mill Animal Hospital, its employees, and/or agents may contact me/us as described above. Please type your full name below in service of your signature.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Our policy is that all medical records are kept **CONFIDENTIAL**. However, in certain instances other providers request medical information (i.e. vaccination history). By signing below, I/we authorize Moores Mill Animal Hospital, its associates, and employees to disclose such information to the requesting party. If not signed, **NO** information will be given to any third party. Please type your full name below in service of your signature.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_