



Moores 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.: _____ Driver's License State: _____

If you plan to write a check you must provide your Driver's License State and Number

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: _____

How did you hear about us?

Google

Social Media

Radio

Friend/Family _____

Veterinarian Referral _____

Other _____