



Your Other Family Doctor....

200 McFarland Circle North, Tuscaloosa, AL 35406
 Phone: (205) 345-1231 Fax: (205) 345-1219
www.indianhillsac.com Like us on Facebook

Date: ___/___/20___

Thank you for giving our animal clinic an opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

Client/Owner Information

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Text? Yes No E-mail _____

Employer _____ Work Phone _____

Spouse/Co-Owner _____ Home Phone _____ Cell Phone _____

Preferred contact method _____ Phone/Text/E-mail _____

Students: Parent's Name _____ Address _____ Phone _____

How did you hear about us?

___ Phone Book ___ Drove by/Sign ___ Internet ___ Groomer ___ Friend/Relative ___ Animal Shelter or Humane Society

Please let us know if one of our clients referred you so we can thank them: _____

| Pet Information | Pet # 1 | Pet # 2 | Pet # 3 |
|--|---------|---------|---------|
| Name | | | |
| Species (dog, cat, bird, small mammal) | | | |
| Breed | | | |
| Color | | | |
| Birthday/Age | | | |
| Gender (male/female) | | | |
| Spayed/Neutered | | | |

We appreciate payment when services are rendered.

A deposit is required for hospitalization and emergency procedures.

For your convenience, we accept cash, check, Master Card, Visa, Discover, American Express and Care Credit. Please ask us about Care Credit.

I verify that all the information provided is accurate and understand the above Financial Policy.

Signature _____ Date _____