



Your Other Family Doctor....

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

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 _____ E-mail _____

Employer _____ Work Phone _____

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

Preferred contact method _____ Phone _____

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.

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

Signature _____ Date _____