

W E L C O M E



Client Information:

Owner of Pet _____

Address _____

(Street) (City) (State) (Zip)
Home Phone _____ Cell Phone _____

Spouse's Cell Phone _____ E-mail address _____

Best way to reach you: Phone, Email or Text *If text please list Carrier:* _____

How did you hear about AMC? (Circle one) Friend/ Name: _____

Google/Internet Driving By Moultrie News Social Media Other _____

Pet Information:

Pet's Name _____ **Birthday/Age** _____

Breed _____ Color of Pet _____

Sex of Pet (circle): Male/Female Spayed/Neutered

Please describe any chronic medical conditions, allergies, vaccine or medication reactions, immune medicated diseases, and long-term medications that relate to your pet:

Pet's Name _____ **Birthday/Age** _____

Breed _____ Color of Pet _____

Sex of Pet (circle): Male/Female Spayed/Neutered

Please describe any chronic medical conditions, allergies, vaccine or medication reactions, immune medicated diseases, and long-term medications that relate to your pet:

Authorized Persons For Pet's Treatment Decisions:

Friend/Relative/Other: _____ Phone Number: _____

Almost There! Please Complete the next page...



ANIMAL MEDICAL CENTER OF MT. PLEASANT

What are your goals with this veterinary visit? _____

What difficulties have you had with veterinary visits in the past? _____

I do/do not (circle one) give Animal Medical Center of Mt. Pleasant permission to post pictures of my pets on social media. Initial _____ Date _____

Financial Policy:

****Personal information disclaimer:** We at the Animal Medical Center of Mount Pleasant strive to go above and beyond our means to accommodate & meet the needs of our clients. It is always our intention to provide the best animal care for your pet(s).

PAYMENT POLICY: Payment is due when services are rendered. For your convenience in paying, our office accepts cash, debit card, IN-STATE checks(personal only) , or credit cards (Visa, MasterCard, and American Express). Our office does not provide payment plans or include billing.

By signing below I understand that I am responsible for charges incurred for animal medical services and that payment of the entire balance is due upon release of the pet. If for any reason my method of payment is declined, (check returned NSF, credit card charges denied, etc.), I understand that I am responsible for any applicable fees, charges, and collection expense incurred by the Animal Medical Center of Mount Pleasant

(Signature)

(Today's date)