



# Animal Emergency Care of Braselton

## New Client/Pet Info

Client ID \_\_\_\_\_

Office Use Only

### Client Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Spouse: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile#: \_\_\_\_\_

Employer: \_\_\_\_\_ Work#: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Pet Information:

Name: \_\_\_\_\_ Species: Dog  Cat  Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: M  F  Spayed/Neutered? Yes  No

Birthday/Age: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Microchip #: \_\_\_\_\_ Allergies if any: \_\_\_\_\_

Current Vet: \_\_\_\_\_ Date of last vaccinations: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**How will you be paying today? (We expect payment in full at time of service by Cash, Credit card, or Check. A deposit may be required in advance.)**

CASH     CREDIT CARD     CHECK

If you pay by check please provide Driver's License Number: \_\_\_\_\_

CARE CREDIT

CareCredit is a credit card designed to help you finance your pets' Veterinary care. (Ask the receptionist if you would like to apply.)

### Authorization

I am the owner for the above animal and assume responsibility for all of the charges incurred in the care of this animal including any collection and/or attorney's fees.

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