

New Client Form

On behalf of Dr. Tommy Johnston and Dr. Philip Gleason and staff, we would like to welcome you to Argo Animal Clinic. We are a full-service veterinary Hospital, and we strive to provide you with the best care available for your pet. In order for us to better acquaint ourselves with you and your pet, please provide us with the following information.

Owners Name _____ Home Phone _____

Spouse's Name _____ Home Phone _____

Address _____

City _____ State _____ Zip _____

Employment _____ Business Phone _____

Spouse's Employment _____ Business Phone _____

Date of birth _____ Social Security # _____

Driver's License _____ Email Address _____

How did you hear about our practice? _____

What services are you interested in? _____

I hereby give my authorization and consent to Argo Animal Clinic and/ or it's associates to perform any and all operations which are deemed necessary by them for the welfare of any animal placed in their custody. I agree to hold Argo Animal Clinic and doctors and/ or their associates harmless from any claim or loss arising out of this authorization.

In consideration of Argo Animal Clinic and/ or their associates performing the services in their judgment needed caring for or attempting to cure the animal of services requested to be performed upon the animal which is being entrusted to their care, I do hereby promise and agree to pay their normal and customary charges for services represented by this authorization, I do hereby expressly waive my exemption as to personal property under the laws of the constitution of the State of Alabama, the United States, or any other jurisdiction or sovereign.

Due to the high cost of billing, we require payment at the time of services. We accept cash, check, visa, Discover, master Card and American Express.

I understand that I assume financial responsibility for all authorized services, and that payment is due on discharge.

Date _____ Owner or Agent _____