

On behalf of Dr. Tommy Johnson and Dr. Philip Gleason and staff, we would like to welcome you to Argo Animal Clinic. We are a full-service Veterinary Hospital and 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.

Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employment \_\_\_\_\_ Business Phone \_\_\_\_\_

Spouse's Employment \_\_\_\_\_ Business Phone \_\_\_\_\_

Date of birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's License \_\_\_\_\_ E-mail Address \_\_\_\_\_

How did you hear about our practice? \_\_\_\_\_

What services are you most interested in? \_\_\_\_\_

I do hereby give my authorization and consent to Argo Animal Clinic and / or its associates to perform any and all operations which are deemed necessary by them for the welfare of any animal placed by me into their custody. I agree to hold the said 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 in 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 the date of discharge.

Date \_\_\_\_\_ Owner or Agent \_\_\_\_\_