## Animal Medical Center of Monroe 218 Highway 138 Monroe, Ga 30655 (770) 267-3776 PLEASE PRINT

Owner's name:	
Name of other interested parties (s	pouse, parent, etc):
Address:	
City: State: Zip:	
Home phone #:	
Cell Phone #:	
Work Phone #:	
Alternate #:	
Email Address: @	)
Driver's license # or Social Security	#:
How did you hear about us?:	
Pet Information:	
Pet's Name: Birth Date or Age:	
Species(circle one):	
K-9 Feline Avian Other:	

Male: neutered / Male
Female: spayed / Female
Breed: Color or marking:

Date and place of last vaccinations:

Sex (circle one):

Payment Policy: PAYMENT IS DUE AT THE TIME OF SERVICE

I herby authorize the staff of Animal Medical Center of Monroe to render any treatments that are deemed necessary to my pet's health while in the custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me before, if time permits, proceeding to treatment. From this day forward any and all photographs, radiographs, bloodwork, and like diagnostics are released for use as deemed appropriate by Animal Medical Center of Monroe. (Including internet, website, promotional and advertising usage.) I understand that there is a minimum \$50.00 charge for any returned checks. A finance charge of 1.5% per month (18% annual) or a \$5.00 service charge, which ever is greater, will be accessed on any portion of a balance carried over 30 days. You are also liable for all legal and collection fees (\$65.00 or 30%, whichever is greater). I have read, understand, and agree to the policy listed in the document. I understand that professional fees are to be paid at the time services are rendered, and a deposit will be required on all pets admitted to the hospital.

Medical Release: I herby consent and authorize Dr Dawn DeLong or any other veterinarian, technician, or assistant employed by Animal Medical Center of Monroe to receive, prescribe for, and treat (Pet's name)

Owner's signature Date:

**Print Name:**