



5196 Caldwell Mill Road • Birmingham, Alabama 35244 • (205) 991-7986 • www.cmacvet.com

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Client Information

Owner(s): _____ Home Phone: _____
 Address: _____ City: _____ Zip Code: _____
 Employer: _____ Work Phone: _____ Cell Phone: _____
 Driver's License #: _____ Emergency Contact: _____ Phone: _____
 Email Address: _____ (To get information and reminders by email)
 How did you become aware of our clinic? Friend who we may thank: _____
 Clinic Sign: _____ Yellow Pages: _____ Advertisement (specify): _____

PAYMENT POLICY:

All charges due upon release of your pet or when services/products are received. We accept cash, checks, Visa, MasterCard, and Discover. Any balance over 30 days is subject to a 1.5% finance charge and a \$3.50 billing fee per month. You agree to pay a reasonable attorney's fee and all collection costs charged to any unpaid balance. Discounts or coupons are valid only if charges are paid in full at the time services are rendered. Any outstanding balance must be paid in full before additional services or products can be received.

Client Signature _____ **Date:** _____

Canine Record

Pet's Name: _____ Sex: _____ Date of Birth: _____
 Breed: _____ Color: _____ Special Markings: _____
 Has your dog been spayed or neutered? _____
 Is your dog on Heartworm medication? _____ If yes, what brand? _____
 What special diet or medication is your dog on? _____
 List any known allergies (food, drug, etc.): _____
 What illness or surgery has your dog had before (indicate dates)? _____

 Is your dog aggressive toward other pets or people? _____ If yes, explain: _____

FOR OFFICE USE ONLY				
	DATE	DATE	DATE	Surgical procedures / Drug reactions / Diet / Comments
Rabies				Allergies / Reactions:
DHPP				Special Diet:
Bordetella				HW Prevention:
HW Check				Other:
Other				