Caldwell Mill

Animal Clinic

5196 Caldwell Mill Road Birmingham, AL 35244 (205) 991-7986 James Jordan Jr., D.V.M.
William Christenberry, D.V.M.
Andy Sokol, D.V.M.
Nicole Martin, D.V.M.
Jennifer Ham, D.V.M.
Sarah Wentworth, D.V.M.
Sloan Blaylock, D.V.M.
Lauren Murer, D.V.M.

Owner(s):	Home Phone:					
Address:	Cit	t y :	Zip Code:			
Employer:	Work Phone:		Cell Phone:			
Emergency Contact:			Phone:			
Email Address:						
How did you become aware of our clinic?	Friend who we may thar	nk:				
Clinic Sign:	Social Media	(please spe	ecify):			
Discover. Any balance over 30 days is subj	ect to a 1.5% finance charg costs charged to any unpa	ge and a \$3.5 iid balance. D	We accept cash, checks, Visa, MasterCard, and 50 billing fee per month. You agree to pay a Discounts or coupons are valid only if charges paid in full before additional services or			
Client Signature		Date:				
	Canine Re	cord				
Pet's Name:		_ Sex:	Date of Birth:			
Breed:	Color:		Special Markings:			
Has your dog been spayed or neutered? _						
Is your dog on heartworm medication?	lf yes, wh	at brand? _				
What special diet or medication is your do	g on?					
List any known allergies (food, drug, etc.):	_					
What illness or surgery has your dog had	before (indicate dates)?					
Is your dog aggressive towards other pets	or people?	_ If yes, exp	lain:			

FOR OFFICE USE ONLY							
	DATE	DATE	DATE	Surgical procedures / Drug reactions / Diet / Comments			
Rabies				USE CAUTION: Yes No			
DHPP				Allergies / Reactions:			
Bordetella				Special Diet:			
HW Check				HW/Flea Prevention:			
Fecal				Other:			
Influenza							

Owner(s):			Pet:	_ Client Acct #:						
Patient ID # Allergies/Reactions:										
	Weight		Treatment and pro		Change or Override	Code				