



Animal Health Care Center
11055 County Line Road
Madison, AL 35758
(256) 461-8440

Welcome to the Family!

To ensure the best care possible, please take a moment to complete the following information.
Thank you for giving us the opportunity to care for your pet(s)!

Registration Date: _____

Owner's Name: _____ SS#: _____
Spouse/Co-Owner's Name: _____ SS#: _____
Address: _____ City: _____ State: _____ Zip: _____
Cell Phone: _____ Emergency Phone: _____
E-Mail Address: _____
How would you prefer to be notified of vaccination reminders: _____
Emergency Contact Name: _____ Phone: _____
Are you currently Military or a First Responder? (Circle): Yes No
How did you hear about us? (Circle): Billboard Google Search Social Media Website
Recommended by: _____ Other, please explain: _____

PET 1 **PET 2**

Name: _____	Name: _____
Date of Birth: _____	Date of Birth: _____
Species (Circle): Dog Cat Other	Species (Circle): Dog Cat Other
Breed: _____ Sex: _____	Breed: _____ Sex: _____
Color: _____	Color: _____
Neutered/Spayed? _____ Date: _____	Neutered/Spayed? _____ Date: _____
Vaccination History: _____	Vaccination History: _____
_____	_____
Long Term Problems?: _____	Long Term Problems?: _____
_____	_____
Current Medications?: _____	Current Medications?: _____
_____	_____
Pet's Diet: _____	Pet's Diet: _____
What brings you in today? _____	What brings you in today? _____
_____	_____
Previous Vet: _____	Previous Vet: _____

Authorization

I hereby authorize Animal Health Care Center to examine, prescribe for and treat the pet(s) listed above. I assume responsibility for all charges incurred in the care of the animal(s). I also understand that these charges will be paid at the time of release and that a deposit may be required for treatment.

Signature of Owner or Responsible Party: _____ Date: _____