

Britt Animal Hospital
380 Summit Blvd.
Birmingham, AL 34243
205-967-2511

New Client Form

Thank you for giving Britt Animal Hospital the opportunity to care for your pet(s). Please complete the following, so that we may become acquainted.

CLIENT INFORMATION:

Owner's Name: Last _____ First _____ Spouse _____
Drivers License # _____ Spouse's Drivers License # _____
Mailing Address _____
City _____ State _____ Zip _____
Physical Address _____
City _____ State _____ Zip _____
Email _____ Cell _____ Home _____
Employer _____ Work Phone _____
Spouse's Employer _____ Work Phone _____
May we contact either you or your spouse at work? You? _____ Spouse? _____
Emergency Contact Name _____ Phone _____
Who may we thank for referring you here? _____

PET INFORMATION:

Pet Name: _____ Dog or Cat (circle) Breed: _____
Birth Date: _____ Color: _____ Spayed or Neutered (circle) _____
Vaccinated? _____ Date: _____ Clinic _____
M or F? Previous illnesses or surgeries? _____
Allergies? _____
Special Diet or Medication? _____

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ALL FEES ARE DUE AND PAYABLE UPON PATIENT RELEASE
If fees are not received at time of service, responsible party is subject to
collection and/or reasonable attorney fees.

Client Signature _____ **Date** _____