

**MAGNOLIA BY THE GULF ANIMAL CLINIC  
NEW CLIENT FORM**

Thank you for giving Magnolia by the Gulf Animal Clinic the opportunity to care for your pet(s).

**IT IS NECESSARY THAT YOU COMPLETE ALL INFORMATION REQUESTED BELOW.  
ANY AND ALL INFORMATION GIVEN WILL REMAIN CONFIDENTIAL**

DATE \_\_\_\_\_

OWNER \_\_\_\_\_  
LAST FIRST MI TITLE

ZIP CODE \_\_\_\_\_

MAILING ADDRESS APT. #

CITY STATE PHONE# FAX #

WORK # CELL #

COUNTY

SPOUSE /OTHER \_\_\_\_\_ SPOUSE/OTHER CELL # \_\_\_\_\_

NAME

EMAIL \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DRIVER LICENSE # \_\_\_\_\_

SPOUSE SOCIAL SECURITY # \_\_\_\_\_ SPOUSE DRIVER LICENSE# \_\_\_\_\_

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ARE YOU A RESIDENT \_\_\_\_\_ SEASONAL RESIDENT \_\_\_\_\_ VACATIONING \_\_\_\_\_

IS THERE ANOTHER NUMBER WHERE YOU MAY BE REACHED? \_\_\_\_\_

EMPLOYER \_\_\_\_\_ MAY WE CALL YOU AT WORK? YES NO

HOW DID YOU LEARN ABOUT OUR CLINIC? \_\_\_\_\_

REFERRED BY \_\_\_\_\_

**ALL FEES ARE DUE AT TIME OF SERVICE.**  
**WE ACCEPT ALL MAJOR CREDIT CARDS, CASH CHECKS OR CARE CREDIT.**

**CONTINUE ON BACK OF FORM**

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### MAGNOLIA BY THE GULF SMALL ANIMAL CLINIC

In the event my/our account becomes more than 60 days past due, I authorize Magnolia by the Gulf Small Animal Clinic and any of its officers, agents or employees, to request a credit report on me. I also understand any past due balances may be reported to one or all of the national credit bureaus. I also authorize Magnolia by the Gulf Small Animal Clinic to contact me by telephone, cell phone, "Text Message, Email, or any other universally used modes of communications, as needed, to confirm appointments, provide essential treatment information or secure payment of outstanding, past due balances.

I/We agree that if my/our balance becomes delinquent, defined as 90 days past due, and is referred to a collection agency or attorney, we shall be responsible for collection fees equal to 25% of the balance due, in addition to the balance. We further understand and agree that if legal action is taken to collect the balance, we shall also be responsible for all court cost. We hereby waive our rights under the laws and constitution of Alabama to exempt our real or personal property from execution.

\_\_\_\_\_ (initial) \_\_\_\_\_ (initial)

\_\_\_\_\_  
Print Client Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Print Name – Spouse/Significant Other

\_\_\_\_\_  
Signature – Spouse/Significant Other

#### COMPLETE THE FOLLOWING FOR EACH PET

	PET 1	PET 2	PET 3	PET 4
Pet's Name				
Species (Cat/Dog)				
Breed				
Color(s)				
Birthdate/Age				
Male/Female				
Neuter/Spay				
Vaccination Date				

ANY PRIOR ILLNESS OR SURGERY(S) WE SHOULD KNOW ABOUT? \_\_\_\_\_

IS YOUR PET CURRENTLY ON SPECIAL DIET OR MEDICATION? \_\_\_\_\_