



# Welcome!!

Thank you for giving us the opportunity to care for your pet(s). Our doctors and staff will be happy to answer any questions you may have. Please fill in this form completely.

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Place of Employment \_\_\_\_\_

Driver's License# \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Authorized Person who can make decisions in your absence \_\_\_\_\_

Relationship to you \_\_\_\_\_ Authorized Person's phone number \_\_\_\_\_

How did you become aware of our clinic?  Drove By  Yellow Pages  Internet

Have we ever seen one of your pets here in the past? Yes No

Did someone make a personal recommendation? Whom may we thank? \_\_\_\_\_

Do you give permission to AMC to share medical information with another animal hospital, boarding facility or grooming facility when requested? Yes \_\_\_\_\_ No \_\_\_\_\_

What form of communication do you prefer?  Phone call  E-mail

PATIENT INFORMATION	Pet #1	Pet #2	Pet #3
Name			
Breed			
Date of Birth			
Color			
Sex/Spayed or Neutered-circle one	F FS M MN	F FS M MN	F FS M MN

**In accordance with North Carolina State Law, a rabies vaccine will be administered to pets when proof cannot be provided.**

**MEDICAL HISTORY:** (i.e. vaccines, allergies, medical issues, etc.). Please provide your previous veterinarian's name and phone number. \_\_\_\_\_

I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pet(s). I assume responsibility for all charges incurred in the care of the above-described pet(s). I also understand that charges will be paid at the time of release. This agreement is in force from the date signed until I notify AMC of Garner, PC in writing of any changes.

**I further understand that by choosing to restrain my own pet, I release AMC of Garner, PC of any liability associated risk therewith.**

\_\_\_\_\_  
Owner/Authorized Agent Signature

\_\_\_\_\_  
Date