

**Little River Animal Hospital, P.C.**  
**Drs. Mize, Kraft, McFarland, Jackson, Gardin, Estes, and Pollard**

**Client Information:**

Last Name:	First:	Spouse:
Address:		
City:	Zip Code:	SSN or DL#:
Home Phone:	Cell:	Work:
Email:	Referred By:	

**Patient Information:**

Name:	Cat   Dog	Breed:
Color:	Male   Female	Spayed   Neutered
Age:	Previous Vet:	
Medical Conditions/Allergies:		

**Patient Information (additional pets):**

Name:	Cat   Dog	Breed:
Color:	Male   Female	Spayed   Neutered
Age:	Previous Vet:	
Medical Conditions/Allergies:		

**Social Media Release:**

I grant to Little River Animal Hospital (LRAH) and its representatives and employees the right to take photographs of me and/or my pet, and to copyright, use and publish the same in print and/or electronically. I agree that Little River Animal Hospital may use such photographs of me and/or my pet with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

<input type="checkbox"/> LRAH may take photos of me and/or my pet	<input type="checkbox"/> LRAH may NOT take photos of me and/or my pet
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**Payment Information:**

How will you pay today: CASH / VISA / MASTERCARD / DISCOVER / AMEX / CHECK / CARE CREDIT

CC#:	Exp Date: /
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**Read and Sign Below:**

I understand that if my pet needs to be seen by a doctor, I will be charged an exam fee. I understand all services are to be paid at the time services are rendered. I also understand that LRAH does not offer payment plans. There is a \$35 service charge on all returned checks. A \$10 fee will be added monthly to each account with an outstanding balance. All unresolved accounts will be sent to collections after 90 days and will incur a minimum charge of 33.3% in additional fees. I also will be held responsible for all collection fees incurred, including court cost, attorney fees and any additional costs LRAH has to cover.

**Print Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature:** \_\_\_\_\_