

Peachtree Corners Animal Clinic, P.C.

Drs. Mize, King, Brothers, & Jackson

New Patient Information

Client Information

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

Patient Information

Name:	Cat Dog	Breed:
Color:	Male Female Spayed Neutered	
Age:	Last Vaccine Date:	Location:
Medical Conditions/ Allergies:		
Heartworm Prevention:	Flea Prevention:	

Patient Information (additional pets)

Name:	Cat Dog	Breed:
Color:	Male Female Spayed Neutered	
Age:	Last Vaccine Date:	Location:
Medical Conditions/ Allergies:		
Heartworm Prevention:	Flea Prevention:	

Payment Information:

How will you pay today: Cash / Visa / MasterCard / Discover / Check / Care Credit	
CC#	Expiration Date: /

I understand that all services are to be paid for at the time that services are rendered. I understand that PCAC does NOT have a billing policy. There is a \$30.00 service charge on all returned checks. All accounts that are turned over to a collection agency will incur 33.33% in additional fees, as well as any required court costs and reasonable attorney fees. A \$10 per month late fee will accrue on your account for any charges remaining on your account for more that 60 days.

Print Name: _____

Signature: _____ **Date:** _____