

MAC Animal Hospital

4300 Highway 31

Calera, AL 35040

(205) 453-7500

Dr. S. Parker - Dr. C. Gillespie – Dr. A. Bruhn – Dr. M. Morris

NEW CLIENT/PATIENT FORM

New client

Existing client

CLIENT CONTACT INFORMATION

Client Name:					
Address:					
City:		State:		Zip:	
Home Phone:		Cell Phone:		Work Phone:	
Email*:					
* The MAC sends important vaccination and preventative reminders via email. If you wish to receive reminders for your pet(s) please provide your email (above).					
Secondary Contact Name:					
Home Phone:		Cell Phone:		Work Phone:	

PATIENT INFORMATION

<u>Pet Name</u>	<u>Species</u>	<u>Breed</u>	<u>Sex</u>	<u>Date of Birth/Age</u>	<u>Color</u>

Terms of Service

PAYMENT IN FULL is required at the time services are rendered. The MAC does not offer any form of billing.

- Cash/Check
- Visa
- Mastercard
- American Express
- Discover
- Care Credit
- ScratchPay

Advanced minimum deposit of half of your estimate is expected from you for all pets left in the clinic for overnight treatment or diagnostics. All information I have provided here is true to the best of my knowledge. I have read and understand the Terms of Service.

Signature: _____ **Date:** _____