

# Liberty Animal Hospital, P.C.

Dr. Craig Martin, Dr. Barbara Monaghan, Dr. Libby Todd, and Dr. Cindy Williams

Date \_\_\_\_\_

Your Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Spouse's Cell Phone \_\_\_\_\_

\*In the case of an emergency, which of these numbers would be the primary way to contact you? \_\_\_\_\_

Your Employer \_\_\_\_\_ Phone \_\_\_\_\_ May we contact you there? \_\_\_\_\_

Spouse Employer \_\_\_\_\_ Phone \_\_\_\_\_ May we contact you there? \_\_\_\_\_

Driver's License # \_\_\_\_\_ E-mail address \_\_\_\_\_

	Pet #1	Pet #2	Pet #3
Name			
Breed			
Color			
Approx. birthday/age			
Male or female?			
Neutered or spayed?			
Medications taken			
Medication/Substance			
Allergies			

How did you hear about us?

- "The Yellow Pages"  Book  Noticed hospital sign while driving by  
 Online  
 Google or internet search engine  Client referral and if so, whom may we thank? \_\_\_\_\_

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I do hereby give my authorization and consent to Liberty Animal Hospital, P.C., and for its associates to perform any and all operations which are deemed necessary by them for the welfare of any animal placed by me in their custody. I agree to hold the said Liberty Animal Hospital, P.C. said Doctor's and/or their associates harmless from any claim or loss arising out of this authorization. I direct that this be effective for the present and each subsequent admissions of any animal placed by me in their custody, such authorization to be terminated only be delivery to Liberty Animal Hospital, P.C. and/or their associates of written cancellation of this authorization.

In consideration of Liberty Animal Hospital, P.C., and/or their associates performing the services in their judgment needed in caring for or attempting to cure the animal of their services requested to be performed upon the animal which is being entrusted in their care, I do hereby promise and agree to pay their normal and customary charges for performing said services. In the event it becomes necessary to refer to an attorney for collection, the charges of services represented by this authorization. I do, hereby, expressly waive my exemption as to personal property under the laws and Constitution of the State of Alabama, the United States, or of any other jurisdiction or sovereign. I also agree to pay interest at the rate of 1.5% per month (18%) per annum and to pay a monthly billing fee of \$4.50 on any outstanding balance (any balance that is carried over a period of 30 days). I am requesting that veterinary care be provided for pets presented by me or my agents. I understand that I assume all financial responsibility and furthermore, I understand that payment in full is due at time of services rendered.

Signature \_\_\_\_\_ Date \_\_\_\_\_