



Welcome!

10591 Old Highway 280 • Chelsea, AL 35043 • 205-678-8895

CHELSEA ANIMAL HOSPITAL

Dr. Greg Kelly and the staff at Chelsea Animal Hospital are pleased to welcome you. Please take a few minutes to complete the following information. If you have any questions we will be glad to help. In addition to maintaining your pets health, we look forward to getting to know you.

— CLIENT INFORMATION —

Name _____ Date _____
LAST NAME FIRST NAME MIDDLE

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Spouse or Co-Owner _____

Employment _____ Work Phone _____

Social Security # _____ Drivers License # _____

Date of Birth _____ Emergency Contact and Phone # _____

How did you hear about our practice? _____

Would you like to receive your reminders via your email address? _____ E-mail address _____

— PET INFORMATION —

Pet's Name _____ Dog _____ Cat _____ Other _____

Date of Birth _____ Breed _____ Color _____

Male _____ Female _____ Has your pet been spayed or neutered? _____

Does your pet have any permanent type of identification? Tattoo _____ Micro-Chip _____

Other _____ If yes, number _____

— PAYMENT —

All professional fees are due at the time services are rendered. We accept check, cash, Visa, MasterCard, American Express and Discover. We will gladly prepare a written estimate if you desire (please ask a receptionist or Doctor). There will be a charge for any checks returned unpaid. If any unpaid charges go to a collection agency owner agrees to pay all charges associated with this process.

I understand and agree with the above statement.

Owner or Agent _____ L.S.