



# 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, and MasterCard. 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.