



BIRMINGHAM ANIMAL
HOSPITAL + RESORT

New Client Form

Your Name _____
Spouse/Partner's Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Spouse/Partner's Cell Phone _____
E-mail address _____

	Pet #1	Pet #2	Pet #3	Pet #4
Name				
Age				
Sex				
Spayed/Neutered				
Medications				

Social Media/Photo Permission: Do we have your permission to post photos of your pet online and/or use it for marketing purposes? Yes No

Owner Signature: _____ Date: _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, and/or treat my pet(s). I assume responsibility for all charges incurred in the care of my pet(s). I also understand that charges are to be paid at the time of service.

Signature: _____ Date: _____